Investigating the Effectiveness of PRAISE as a Parenting Support Coaching Intervention

by

Clare E. Edens

submitted to De Montfort University for the degree of DOCTOR OF PHILOSOPHY

in the Department of Psychology

Faculty of Health and Life Sciences

March 2019

Abstract

There are several well-established parenting interventions that are used in non-clinical groups and have shown improvements in child and parenting behaviour. These parenting interventions tend to be delivered in group formats and are not tailored to the parent-child dyad (Ogbu, 1981). Coaching has been described as an intervention that assists an individual to make changes by focusing unequivocally on that individual's personal goals and objectives. Research has demonstrated that coaching is effective in several different fields and Palmer (2004) concluded that coaching should also be accepted into other fields. There is little research on coaching parents to change their parenting practices and this thesis introduces PRAISE which is a coaching model for parenting adapted to include self-efficacy and empathy as central elements. PRAISE is a solution-focused, cognitive-behavioural brief therapy coaching model and this thesis examines whether PRAISE is an effective parenting intervention.

PRAISE was tested in several ways in the thesis. Firstly, this research employed a quasi-experimental intervention design in which participants (parents of primary-school aged children aged 4- to 11-years old) self-allocated into one of two groups. One group received a coaching intervention using PRAISE (n=23) and the second group was a non-intervention group (n=35). Secondly, a follow-up analysis was conducted and thirdly, an in-depth case study was carried out with one of the participants who chose to take part in the coaching intervention group of the research study.

The variables measured to evaluate the effectiveness of PRAISE were parenting behaviours, parenting skills, parenting self-efficacy and the parent-child relationship, parental well-being and child behaviour. A set of four measures were completed by both groups. These were the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993), the Tool to Measure Parenting Self-Efficacy (Kendall & Bloomfield, 2005), the Adult Well-Being Scale (Snaith, Constantopolous, Jardine, & McGuffin, 1978) and the Strengths and Difficulties Questionnaire (Goodman 1997), The measures were completed at three time points: Time 1 (baseline), Time 2 (after the coaching intervention or after ten-weeks for the non-intervention group), and Time 3 (six months after Time 2). Relative to baseline, there were improvements in parenting practices and well-being at 10 weeks (Time 2) in the coaching group and these were sustained at 6 months (Time 3). There were improvements in child behaviour at 6 months, but not immediately post-intervention. There were no improvements in the non-intervention group over the three timepoints. Many significant interactions were

found between group and time at Time 2 and Time 3, some with large effect sizes. Evidence is provided to suggest that PRAISE is an effective coaching model for use as a parenting intervention. The findings are discussed in terms of psychological, parenting and coaching theory.

Acknowledgements

There are many people to whom I feel grateful and would like to thank for their support during the process of producing this thesis. My first supervisor Dr. Coulthard for her guidance, expertise and, above all, patience. The rest of my supervisory team, Dr. Noon, Dr. Griffith, Dr. Sutton and more recently Dr. Mitchell for their valuable contributions and input. Most importantly I would like to thank my husband Cliff and my youngest daughter Sabra for assisting me with the final proofreading and page checking process. My husband, three daughters, Laura, Emily and Sabra as well as my sister Nicky have been continuous sources of support, encouragement, and motivation throughout this professional and personal journey and I have appreciated this immensely.

I would also like to thank the parents who took part in this research by giving their time to complete questionnaires and by taking part in coaching sessions.

Conference Attendance

Edens, C. *PRAISE: a new solution-focused coaching model for providing parenting support.* Poster presented at PhD Conference, May 2019, De Montfort University, Leicester, UK.

Edens, C. *PRAISE: A Parenting Support Coaching Intervention*. Poster presented at 9th International Congress of Coaching Psychology 2019, October 2019, London, UK.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

Preface

There has been considerable interest in why parents struggle with aspects of their children's behaviour and what the contributing factors are. As described in the parenting literature review chapter, there are existing clinical and non-clinical interventions. However, it has been suggested that current parenting interventions may not work for all parents as every family has their own unique circumstances, values and beliefs and parenting interventions are usually delivered using set topics in a one-size-fits-all approach (Ogbu, 1981). As described in Chapter 2, coaching focuses unequivocally on an individual's personal goals and objectives and is most effective when the individual strongly identifies with the goals (Spence & Grant, 2007). Coaching is an effective way of facilitating change (Bachkirova & Cox, 2008) and parents seeking support with their parenting are looking for help with making changes to their lives. This suggests that coaching may have value as a parenting intervention as coaching is a mechanism for change. However, there is a lack of empirical research on coaching being used specifically in this way. This thesis aims to add to existing coaching research by investigating whether the new PRAISE coaching model can provide a useful intervention for parents.

This thesis describes the rationale for the development of the PRAISE model and tests and evaluates this new coaching model which was developed for use with parents of primary school age children (4-11 years old) who are struggling with aspects of their child's behaviour. PRAISE was inspired by the PRACTICE model (Palmer, 2007) which added solution-focused elements to an existing problem-solving coaching model. There are many coaching approaches which have developed from a variety of theoretical roots. Coaching is also an evolving field with new coaching models emerging which are aimed at various populations. This study sits within the fields of parenting and coaching psychology and presents PRAISE as an integrative coaching model, combining a range of coaching

approaches, including cognitive-behavioural and solution-focused coaching within a brief therapy framework as described by de Shazer (1985) and Weakland, Fisch, Watzlawick, & Bodin (1974). This thesis aims to make a contribution to the field of solution-focused, cognitive-behavioural coaching by applying the PRAISE coaching model to the novel population of parents to address the specific problems encountered by individual parents.

This intervention study has two groups of parents, one group receiving a coaching intervention using the PRAISE model either physically face-to-face or at a distance over the telephone or via a video call, and the second group receiving no intervention. The same measures were completed by both groups before and after the intervention for the coaching group and at baseline and ten weeks later for the non-intervention group (Time 1 and Time 2). Six months after the main study (Time 3), further data was collected from both participating groups to provide follow-up information. Coaching research does not generally include follow-up data as the success of a coaching intervention is often determined by whether the participant has achieved their goal(s) by the end of the intervention. There is also often no waiting list, control group or non-intervention group involved in coaching research studies. This is because the effectiveness of the coaching model is usually investigated in comparison to other coaching models rather than in comparison to no intervention. In intervention studies in general, and parenting intervention studies in particular, follow-up data from control, non-intervention or waiting list groups is often not collected because these participants are offered the intervention at the post-intervention stage. The current thesis is unique because it includes a non-intervention group and follow-up data collected from both the intervention and non-intervention groups of participants. In this research thesis, four aspects of parenting are measured and examined, namely: parenting behaviour, parenting skills and self-efficacy; the parent-child relationship and parental well-being as well as child behaviour.

This thesis had the overall objective of assessing the efficacy of PRAISE as a parenting intervention. The specific objectives were:

1. To develop PRAISE as a coaching model for use as a parenting support intervention.
2. To assess the impact of the intervention using PRAISE by examining parenting behaviours and skills, parenting self-efficacy and empathy, the parent-child relationship, parental well-being and stress and change in reported child behaviour at pre- and post-intervention.
3. To examine whether intervention effects are maintained at six-month follow-up.

The effectiveness of PRAISE as a parenting support intervention was explored using quantitative methods with some additional qualitative feedback from participants. In addition, a case study is included to demonstrate how the PRAISE coaching model was used in a real-life context.

The next two chapters contain a review of the literature relevant to each research area examined in the current thesis from the fields of parenting and coaching. Parenting theory and research is considered in Chapter 1 and then coaching theory and research and different coaching approaches and models are examined in Chapter 2. The theoretical rationales for different coaching approaches are also examined and different modes of intervention delivery are presented and discussed.

The rationale for the research, the research questions and the study hypotheses are presented in Chapter 3 followed by a description of the development of the PRAISE coaching model used in this research study in Chapter 4 in which its use is explained. A detailed description of how to use PRAISE is given, including examples of questions that can be used during the coaching process.

The design of the research study is described in Chapter 5 as well as the methods used to test the research hypotheses. Details of the recruitment of participants in the study are given, as well as their demographic characteristics and the inclusion and exclusion criteria for the study. The four measures used in the study are described in detail (including their validity and reliability) and the rationale for using them in this research is identified. Ethical considerations are presented, and the study procedure is fully described. The chapter concludes with a description of how the collected data were analysed.

The results from the data analyses are presented in Chapters 6 and 7. Chapter 6 contains the analysis of the data collected at Time 1 and Time 2 and a comparison of the intervention and non-intervention group data is made. Chapter 7 contains the analysis of the data collected at Time 3 and compares this data with the data collected at Times 1 and 2. The chapters also include parental qualitative feedback about the coaching intervention from the coaching group participants.

Chapter 8 contains a reflective case study of one of the coaching participants' engagement with the PRAISE intervention and provides a description of how the new PRAISE model is used in practice. A randomly selected participant agreed to be the subject of this case study chapter. Following a description of the coaching procedure, a session-by-session narrative description of the coaching procedure is given together with reflection on each session. The case study chapter also includes details of the qualitative feedback given by the participant after the intervention and some reflections from the participating parent. This chapter comes after the results chapters to illustrate the process of the intervention described in Chapters 4 and 5.

Chapter 9 is a short chapter containing the reflections of the researcher. Finally, Chapter 10 contains a discussion of the key findings of the research and the associated conclusions. Theoretical and methodological implications are explored, and the potential

applications of the PRAISE model are discussed. The strengths and limitations of the study are considered, and the chapter concludes with some suggestions for future research based on the identified limitations and methodology.

Chapter 1 Literature Review of Parenting Interventions

1.1 Introduction

This is a narrative literature review, as defined by Grant and Booth (2009), covering published, peer-reviewed literature. This approach was chosen as it provides a background for understanding the area in question by allowing for the consolidation of previous findings (Cronin, Ryan, & Coughlan, 2008; Grant & Booth, 2009) which is the aim of this chapter. In addition, narrative literature reviews are recognised as being useful for both the selection and refinement of research questions, as they allow for the identification of gaps in the research whilst avoiding duplicating previous work (Cronin et al., 2008; Grant & Booth, 2009) which made it an appropriate choice in this context. Although this approach is less rigorous than a systematic review (Smith & Noble, 2016), the wide field of parenting would have resulted in too much literature to make a systematic review feasible.

This thesis introduces PRAISE which is a new integrative coaching model designed as a parenting intervention for a non-clinical population. This study, conducted with parents of primary school aged children, investigated the effectiveness of the PRAISE intervention for this group of people. The participants in this study were all mothers, which is not unusual for research on parenting (Pinquart, 2017). This thesis is relevant to the fields of coaching and of parenting support and this literature review will therefore explore the theories and empirical research of both fields in this chapter and the next. An examination of the current literature on different aspects of parenting, parenting interventions and parenting theory is presented in this chapter together with a discussion of the literature on the different modes of delivery of parenting interventions. This chapter will be divided into five main sections to reflect the research objectives of this thesis:

1) Parenting behaviours and parenting skills
2) The parent-child relationship and parental empathy

3) Parenting self-efficacy

4) Parenting support and parenting programmes

5) Other parenting support methods

The literature search was based on search criteria and the key search terms were "parenting programmes"/"parental self-efficacy"/ "parent-child relationship"/"parental empathy"/"parental well-being"/ "coaching parents", used individually and in conjunction with terms such as "psychological theories", "causes", "interventions" as these reflected the areas of interest. Truncation was used as in parent* in order to include variations on this word within the databases. Literature searches were performed through databases: Google Scholar, E-Journals, PsycINFO, De Montfort University Library Search, Academia.edu and ResearchGate as these were deemed to be most relevant to the topic due to their focus on psychology and parenting research.

1.2 Parenting

It has been acknowledged that the way in which parents raise their children affects their development (Pelto, Dickin, & Engle, 1999) and parenting practices have been linked to disruptive behaviours in children (Benzies, Harrison, & Magill-Evans, 2004; Neece, Green, & Baker, 2012). Roelofs, Meesters, ter Huurne, Bamelis, & Muris,(2006) classified the problem behaviour as either internalised, such as anxiety or depression, or externalised which can manifest as disruptive, aggressive or anti-social behaviour. It has been identified that parents will seek help or be referred for help if the problem behaviour occurs outside the home as well as inside the home and it was further found that more parents seek this help from informal rather than formal sources (Pavuluri, Luk, & McGee, 1996). Findings from a UK Government survey (Meltzer, Gatward, Goodman, & Ford, 2000) suggested that one in five children have clinically severe behavioural problems from which the implication can be made that four in five children may have non-clinical behaviour issues. It has been

suggested that an amalgamation of a number of parental risk factors such as poor mental health, parent behaviours and parents' emotional expressiveness increases the occurrence of disruptive behaviour in children (Duncombe, Havighurst, Holland, & Frankling, 2012). In their study, Patterson, Mockford, Barlow, Pyper, and Stewart-Brown (2002) provided theoretical support for the benefits of offering universal programmes to parents. This suggests that there is a need for a parenting intervention that will provide support in multiple parenting areas.

1.2.1 Parenting behaviours and parenting skills.

The range of research and its findings demonstrates that parenting is complex and different for every parent. Research has examined how parenting behaviour affects extreme children's behaviour (anti-social behaviour) (Eddy, Leve, & Fagot., 2001; Hoeve et al., 2009; Sutton, Utting, & Farrington, 2004). Eddy, Leve, and Fagot (2001) tested the coercion model described by Patterson (1982) to investigate the strength of the relationship between poor parental discipline practices and children's anti-social behaviour factors such as attention demanding behaviour, physical aggression, verbal aggression or ignoring parents using a variety of methods. They found a strong association between inept parental discipline such as using criticism, verbal punishment or physical aggression and a child's antisocial behaviour. It has also been found that negative parenting practices such as harsh discipline, inconsistency, physical punishments and low levels of warmth and positive involvement had a correlation with child aggressive and/or oppositional behaviour (Stormshak et al., 2000). These findings suggested to this current researcher that changing these parenting practices could positively affect child behaviour.

Ogbu (1981) found that a parent's values, beliefs and socio-economic circumstances influenced their parenting behaviour, and Smith (2010) identified that a parent's experience of being parented as a child had a very strong influence on parenting behaviour. This

suggestion that parents draw on their experiences of how they were parented as children to decide how they parent their own child (Bowlby, 1973; Smith, 2010) has emerged from a social learning theory of observational learning (Bandura, 1969; 1977, 1997). This theory states that humans learn in a social environment and act in accordance with these experiences. The suggestion has been made by Luster and Okagaki (2005) that parents' behaviour can also be influenced by what they have seen other parents in their social circle do and a further suggestion that parents often make comparisons between their parenting and their child's behaviour with other families that they know was made by Benzies, Harrison, and Magill-Evans (2004). Other influences on parenting behaviour were investigated by Gutman, Brown, and Akerman (2009) in their report about how parents acquire their skills. They found that a parent's individual characteristics such as interpersonal sensitivity and education had an influence on how they parented. Interpersonal sensitivity was positively associated with parenting quality. Although the authors found that more highly educated mothers had higher quality interactions with their child, they stated that it was difficult to ascertain whether it is the level of education itself or the personal qualities leading the person to obtain higher levels of education that influenced their parenting. There is also a body of work that examines how aspects of family life such as parental stress and the quality of the parents' marriage/relationship affect children's behaviour (Benzies, Harrison, & Magill-Evans, 2004a; Neece, Green, & Baker, 2012). These studies indicated that negative life experiences could have a negative effect on a parent's parenting style, which suggests that there are additional factors such as life events, which may affect the interactions between parent and child.

Parents' behaviour towards their children has been described by Darling and Steinberg (1993) as their parenting style, which is the way a parent's attitude towards their child is communicated to that child. They described this communication as both the way in

which parents behave as a parent and how they communicate with their child such as their tone of voice, their gestures and how they express their emotions to their child. Baumrind (1966) identified three main parenting styles which are authoritative, permissive, and authoritarian. It was found that overly strict, authoritarian parenting promoted poor outcomes for children (Baumrind, 1971) and overly permissive or lax parenting was also detrimental to children's development (Anderson, Vostanis, & O'Reilly, 2005; Baumrind, 1971). The third parenting style of authoritative parenting is characterised by high responsiveness to a child's emotional needs while, at the same time, setting limits and boundaries with consistency, and has been found to encourage the best outcomes in children (Darling & Steinberg, 1993). Parenting styles have been frequently investigated (Carlo, Mestre, Samper, Tur, & Armenta, 2010; Steinberg, 2001; Wood, McLeod, Sigman, Hwang, & Chu, 2003) and the findings are consistent in showing that an authoritative parenting style is the most effective to use in raising competent, socialised children.

There are differing schools of thought on whether parenting styles contribute to children's problem behaviour or vice versa with Aunola and Nurmi (2005) asserting the former influence and Bell (1968) the latter. Darling and Steinberg (1993) stated that parenting style is a parental characteristic which is unrelated to children's own traits whereas Smith (2010) has the differing opinion that parenting style is influenced by many factors such as parental feelings of well-being, not just individual characteristics. Smith (2010) further stated that parents need to be positively responsive to their children to achieve positive outcomes for their children. She found that the majority of parenting research had followed a deficit model, focussing on problems. In examining the relevance of the quality of parenting to outcomes for children as well as identifying the limitations of existing parenting research, Smith (2010) found more literature on the negative aspects of parenting than on the positive aspects.

A dimensional approach was adopted by Pinquart (2017). His approach categorised parenting practices as either responsiveness, which described levels of warmth, or demandingness which can be thought of as control. This secondary material examined more than a thousand studies on the association of parenting dimensions and styles with externalised behaviour problems in children and adolescents. The author, analysed both published and unpublished studies that met his criteria, defining parenting styles according to Maccoby and Martin's (1983) four defined parenting styles. These, in turn, expanded on the original three parenting styles of Baumrind (1971). Pinquart (2017) analysed whether parenting style affected children's behaviour and also examined whether children's behaviour affected parenting style. Data from longitudinal studies were also included. The conclusions drawn from the meta-analysis were that the associations between parenting and child behaviour were bidirectional and that harsh control from parents showed the strongest associations with externalising problem behaviours in children. Pinquart concluded that interventions should focus on this particular parenting style to reduce externalising problem behaviour in children, although he was not specific in suggesting a suitable intervention. Although Pinquart (2017) found no difference between the reported parenting behaviours of mothers and fathers, he stated that fathers were less likely to participate in parenting research. Control is not always viewed as negative parental behaviour. When control is combined with high levels of parental affection, described as an active strategy to keep children's behaviour within parental expectations with clear and consistent communication from parents to children, it was found to have positive effects (Aunola & Nurmi, 2005; Stormshak et al., 2000). This finding suggests that parent's increased confidence in their abilities combined with increased empathy for their child may improve a parent's perceptions of their child's behaviour. These aspects of parenting are explored within this current thesis.

1.2.2 The parent-child relationship and parental empathy.

How parents feel and think about their child/ren has been identified as an important influence on children's problem behaviours (Smith, 2010). This child-centred or empathetic attitude of parents was described as an acknowledgment by the parent that the child is an independent being with their own feelings and wishes and the parent respecting and responding to these although Smith (2010) acknowledged that these feelings and thoughts are difficult to measure. Empathy in general is defined as the ability to understand and to share another's emotional state (Psychogiou, Daley, Thompson, &. Sonuga-Barkel, 2008). As a parent's attitude towards their child is expressed through their behaviours, Armentrout (1971) suggested that a measure of parenting behaviours will provide a researcher with an insight into the parent's attitude towards their child. Armentrout (1971) found that the children's total scores of internalised and externalised behaviours correlated negatively with parental acceptance scores. He concluded that externalisation was inversely related to the child's perception of their parent's acceptance and directly related to their perception of their parents' control. Armentrout (1971) reported that children stated that their fathers were more accepting and mothers more controlling. This could be due to the division of labour in parenting in the 1970s when mothers did the main parenting. Caution perhaps needs to be taken when interpreting these results as they appear to contradict those obtained by an earlier study which found that mothers used more indirect methods of control such as using guilt or protectiveness than fathers (Droppleman & Schaefer, 1963). Existing research is equivocal on this and perhaps warrants further investigation. One study focused on the relationship between mothers and their daughters (van der Molen, Hipwell, Vermeiren, & Loeber, 2011). This study found that adverse maternal characteristics and parenting behaviours influenced their daughter's disruptive behaviour. The authors argued that their

results showed that a warm child-parent relationship was important in reducing child behaviour problems although this study only focused on mothers and daughters.

Studies which took the uni-directional perspective of parents' behaviour affecting child behaviour were re-examined by Kerr, Stattin, and Özdemir (2012). Although they could not determine any strong evidence of transactional effects which is the process of the child's behaviour changing the parent's behaviour which then changes the child's behaviour and so on, as this is difficult to measure, they found that changes in adolescent behaviour encouraged parenting style changes and concluded that parenting style was interdependent on adolescent behaviour. The existence of these transactional relationships and the impact that parental interactions with their children has on their children's behaviour have been thoroughly researched (Bell, 1968, 1971; Besemer, Loeber, Hinshaw, & Pardini, 2016; Pardini, 2008; Shaffer, Lindhiem, Kolko, & Trentacosta, 2013; Smith, 2010). Hoeve et al. (2009) analysed published and unpublished manuscripts to determine the link between parenting and a child's delinquent (criminal offending) behaviour which is at the extreme end of problematic child behaviour. They determined that the transactional nature of parent-child relationships led to parents becoming more hostile over time to children who were being antisocial. This is important to the development of parenting interventions which try to change parenting behaviour in order to break this cycle. Besemer, Loeber, Hinshaw and Pardini (2016) investigated the bi-directional influences of maladaptive parenting on the development of boys' externalising problems over time. Data were collected at six-month intervals for eight consecutive assessments followed by annual assessments for nine years. For the purposes of their study the authors only included data from the initial eight six-monthly assessments. The authors' findings are not consistent with those of Hoeve et al. (2009) as they found no evidence of a causal interaction between child behaviour and poor parenting practices. However, Besemer et al. (2016) acknowledged that the timescale of six

months between assessments may not have captured any changes parents may have made to their parenting style in the intervening months as changes can occur over a shorter time period. The study only included boys and the authors could therefore not generalise their results to include girls although they suggest that certain child behaviours may elicit certain parent responses irrespective of the child's gender. The findings of this study are not consistent with other research on the inter-relationship of parenting and child behaviour problems (Bell, 1968, 1971; Besemer, Loeber, Hinshaw, & Pardini, 2016; Hoeve et al. (2009); Pardini, 2008; Shaffer, Lindhiem, Kolko, & Trentacosta, 2013; Smith, 2010). Besemer et al. (2016) suggested that research was needed that studied the transactional interactions between parents and children on a shorter timescale. It was therefore important to this current study to include measures that examined both parent and child outcomes.

It has been suggested that how one person perceives another is likely to affect how the other person behaves, and that how the person feels about the behaviour also has an important effect on their reaction (Bates, 1980). This is applicable to the parent-child relationship as how a parent feels about their child's behaviour can change depending on the parent's current state of well-being and these feelings will affect how they react to the behaviour (Besemer et al., 2016). This reaction is identified in the cognitive triangle model of thoughts/ feelings/ behaviour which is illustrated in Figure 1.1 (Beck, 1995).

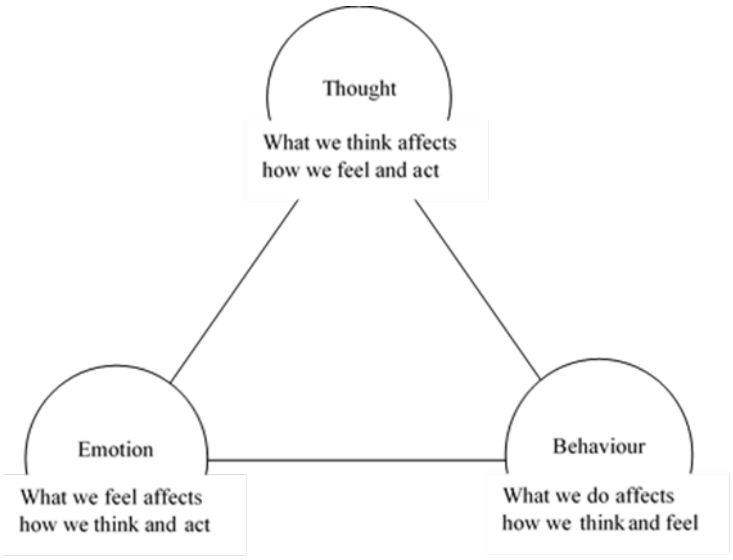


Figure 1.1. The cognitive model (from Beck, 1995).

Research has been conducted to investigate whether there would be a positive effect on children's behaviour when the number of positive interactions between parents and children increased (Lunkenheimer, Olson, Hollenstein, Sameroff, & Winter, 2011). They found that there were lower levels of externalizing problems in the children in the study cohort over time following positive parent-child interactions. This was a very brief study which used observational techniques and measures on one occasion per family but nevertheless supports the argument that positive interactions between parents and their children may reduce externalised problems in children.

Whilst there has been relatively little research, the majority of the literature on empathy in the fields of parenting or child development investigates the influence of a parent's empathy on their child's empathy. There has been no focus on *increasing* parental empathy in the parent-child relationship (Strayer & Roberts, 2004; Zhou, et al., 2002) although one study has investigated the parenting practices which improved children's prosocial behaviour (Farrant, Devine, Maybery, & Fletcher, 2012). The conclusion was that

when parents had high levels of empathy, they encouraged their children to show empathy and their prosocial behaviour increased.

Supportive parents display high levels of empathy in their relationship with their child and may directly model their children's own empathic capacities (Carlo, McGinley, Hayes, Batenhorst, & Wilkinson, 2007; Chase-Lonsdale, Wakshlag, & Brooks-Gunn, 1995). The body of research on the relationship between parent and child suggests that encouraging empathy may have an important influence on encouraging more positive interactions (Psychogiou, Daley, Thompson, & Sonuga-Barkel, 2008; Schaffer, Clark, & Jeglic, 2009; Van der Graaff, Branje, De Wied, & Meeus, 2012). These positive interactions have been shown to lead to improvements in child behaviour for example, helping and their social competence such as socially acceptable behaviour (Miller & Eisenberg, 1988), and therefore supports the notion that empathy is an important parenting skill. An increased level of empathy in young children has also been found to be a moderator for adolescent behaviour problems (Gini, Albiero, Benelli, & Altoe, 2007). In a qualitative study of parenting programmes conducted by Patterson, Mockford, and Stewart-Brown (2005) increases in empathy, respect and emotional understanding towards their children were not reported by the participants on the free-text questionnaires distributed to them. The authors suggested that this may have been because these aspects were not specifically asked about. Another reason they suggested was that the programme included in the study was a behavioural type of intervention and not a relationship type of intervention and was therefore not tailored to the individual's interactions with their child.

In therapy, empathy is a significant part of the cognitive triangle which is an element in cognitive behavioural therapy (Beck, 1993; Beck, 1995). The cognitive triangle is shown in Figure 1.1. Cognitive behavioural therapy (CBT) has been shown to be effective in treating anxiety (Sanderson & Beck, 1990) and parenting interventions such as the Triple P

parenting programme have been developed from CBT (Sanders, Turner, & Markie-Dadds, 2002). Parenting programmes are examined in Section 1.2.5.

1.2.3 Parenting self-efficacy.

It is widely agreed by psychological theorists that when people feel in control over their own actions, their circumstances and their thoughts and emotions, they tend to feel happy with a sensation of well-being (Bandura, 1977; Maddux, 2012). Bandura's social learning theory (1977) describes self-efficacy as the belief in one's ability to perform a particular task successfully. Maddux (2012) extended this definition and identified self-efficacy as essential for both happiness and a sense of well-being, as well as enabling us to better meet life's challenges and build healthy relationships. Maddux investigated the development of self-efficacy theory and describes the importance of self-efficacy for a sense of being in control over our behaviour, our environment and our thoughts and feelings as well as a belief in our ability to use our skills in challenging situation. Like Bandura (1977), Maddux described an enabling approach within self-efficacy theory and suggested that self-efficacy is an important factor in a number of areas and crucial to behaviour changes and the maintenance of those behaviour changes.

Maddux (2012) stated that self-efficacy theory focuses on empowerment factors rather than risk and protective factors. He described a cycle of behaviour where people with a lack of confidence in their own abilities approach difficulties with apprehension that reduces the probability that they will act effectively and increases the probability that they will respond with increased anxiety. This cycle of behaviour has the effect of further lowering the individual's self-efficacy. He also suggested that there was an opposing cycle of behaviour whereby people with strong confidence in their abilities to manage potentially difficult situations will approach those situations calmly and will not be disrupted by difficulties which will further increase their self-efficacy.

Self-efficacy was identified as an essential component in successful change and continuation of change in many behaviours deemed crucial to health such as diet, stress management, smoking cessation and exercise (Maddux, 2012). Self-efficacy theory also states that interventions should give people the skills and feelings of efficacy for solving problems themselves. This is an approach used in solution-focused coaching models, described in more detail in Section 2.3.2. The underlying message of self-efficacy is that self-assurance, endeavour and perseverance together are stronger than natural skill (Maddux, 2012). Maddux suggested that self-efficacy is not genetically acquired but is developed and honed over time. He therefore acknowledged that self-efficacy can be improved with an appropriate intervention.

Bringing up children can often provide parents with challenging situations. Self-efficacy theory predicts that parents with high levels of self-efficacy are more likely to cope successfully with these challenging situations. This researcher has found that, in her experience, parents often feel inadequate in their parenting abilities. This experience is consistent with the findings of Sanders and Wooley (2005) who reported that that parents who canvass help for behaviour issues with their child are likely to have low self-efficacy in everyday parenting tasks. Given that research on parenting self-efficacy has established that a high level of parenting self-efficacy can have a positive influence on child behaviour through parenting techniques (Coleman & Karraker, 1997; 2000; 2003; Sanders & Woolley, 2005) there is a clear argument for training parents in self efficacy as a part of parenting interventions. Certainly, Coleman and Karraker (1997; 2000) argued that in order to maximise the quality of their parenting, it is important to ensure that parents have confidence and trust in their own abilities. Where parents consider that they have competent parenting skills there is the tendency for them to view situations as less problematic and to have more confidence in their ability to resolve the difficulties.

Parenting self-efficacy has also been shown to be an effective safeguard against parenting stress (Coleman & Karraker, 2000, 2003). The suggestion has been made that a reduction in stress increases parental feelings of competence, or self-efficacy and that where parents lack a sense of efficacy in their parenting abilities, they do not put their parenting knowledge into action and are not persistent in their parenting (Coleman & Karraker, 2003; Grusec, Hastings, & Mammone, 1994). Daily stressors have also been identified to be important risk factors for poor mental health, though the effects of stress on mental health can be mediated by positive self-efficacy (Schönfeld, Brailovskaia, Bieda, Zhang, & Margraf, 2015). However, it is important to note that this research examined general daily stressors and was conducted on the general public rather than parents exclusively, so the results cannot necessarily be extrapolated to the parenting situation.

Although studies have examined the correlation between parenting self-efficacy and child behaviour, there is little research on how to improve parenting self-efficacy. Enebrink et al. (2015) conducted a pilot study in Sweden on ABC: a new four-session parenting programme designed as a universal intervention to improve parental feelings of self-efficacy. They hypothesised that increased parental self-efficacy would improve child well-being. They found that the intervention, designed to improve parents' self-efficacy, was associated with improvements in child well-being scores and that this improvement was maintained at the 4-month follow-up. Whilst the results have positive implications for self-efficacy training for parents, Enebrink et al's research did not have a control (or non-intervention group so it is difficult to attribute the cause of the improvement in child well-being directly to the self-efficacy training intervention. More recently a pilot study conducted by Morris et al (2019) for the new co-designed parenting programme (Parents Building Success/PBS) examined parents' self-reported feelings of self-efficacy pre- and post-intervention and found that improvements in parents' self-efficacy were sustained at a

3-month follow-up. Taken together, these results indicate not only that improving parents' self-efficacy has a positive effect on parenting and child well-being, but also that these improvements are likely to be sustained over time. These findings support the decision of this current study to examine the effect of the PRAISE intervention on parenting self-efficacy, parenting and reported child behaviour.

There is evidence that parenting self-efficacy improved following attendance at a range of parenting programmes, mostly un-named, but including 1-2-3 Magic (Phelan, 2004), a programme devised in the US, (Bloomfield & Kendall, 2007; 2012). Results have shown that where this increase in parenting self-efficacy had occurred, it was sustained over time (Bloomfield and Kendall, 2007; 2012). Bloomfield and Kendall collected data at the end of the parenting programme and four months later in one study (2007) and three months later in their subsequent study (2012). Their data analysis in the 2007 study showed that parents' self-efficacy scores had increased at the end of the parenting programme and this was maintained at the four-month follow-up which, in their opinion, indicated the effectiveness of that parenting programme. In their 2012 study there was a significant improvement in parenting self-efficacy while the initial high stress levels had reduced to be within normal parameters for the scale used. This was also found in the follow-up data collected three months later. However, the data did not show strong associations between child behaviour and parental self-efficacy which supports the findings of an earlier study in which child difficultness did not emerge as a significant predictor of parental self-efficacy (Sevigny & Loutzenhiser, 2009).

1.2.4 Parental well-being.

It has long been suggested that parental functioning and therefore children's development are influenced by parental well-being (Belsky, 1984). Well-being has many different definitions and Dodge, Daly, Huyton, and Sanders (2012) proposed a new

definition which described well-being as a balance between a person's resources and skills and the challenges they face. This definition is pertinent to parents and parenting.

Smith (2010) reviewed parenting research with a focus on the early years and found that both child behaviour and current stress/well-being levels affected parental responses to their children. Smith (2010) found that responsive parenting achieved better outcomes for children and that this is facilitated when the parents have good mental health and are not unduly stressed. An important observation from the review was that research tends to focus on the effect of negative parenting behaviours on a child's behaviour rather than focussing on positive parenting behaviours and their effects on child behaviour. Identifying that the relationship between positive parenting behaviours and child behaviour has an essential role to play in informing the development of parenting interventions.

Poor parental well-being has been identified as a contributing factor to problem behaviour in children (Weaver, Shaw, Dishion, & Wilson, 2008). In his study on parental stress and behaviour problems of children with developmental disability, Hastings (2002) proposed that children's behaviour problems, parental stress, and parenting behaviour were related. He found that child behaviour problems lead to parental stress. He proposed that cognitive–behavioural interventions with a focus on parental processes such as coping, self-efficacy and parental beliefs may enable parents to better manage the stresses of child behaviour problems. This proposal has informed the development of the new PRAISE parenting intervention.

Crnic & Greenberg (1990a) acknowledged that the daily challenges of bringing up children can be stressful for parents. They suggested that events such as children making minor demands on their parents or not listening to parents and parents repeatedly clearing up any mess their children make may have little impact on a parent when they occasionally happen, but the cumulative effect of these trivial events over a day or a longer period of time

may cause meaningful stress for parents. It might be expected that not all parents will be equally affected by the demands of parenting and Beckerman, van Berkel, Mesman and Alink (2017) suggested that stressful feelings occur when there is an imbalance between how parents think about their role as a parent and how they think about their capabilities as a parent. Where parents believe in their parenting abilities and interpret some challenging child behaviours as developmental stages in their child, for example, they do not become overly stressed. Research has shown that parenting stress can be a risk factor for the use of harsh, ineffective discipline (Guajardo, Snyder, & Petersen, 2009) which has been linked to the negative interpretation a stressed parent gives to their child's behaviour (Beckerman et al., 2017). It has therefore been suggested that reducing levels of stress for parents may lead to more effective parenting behaviours when they deal with unwanted behaviour from their children as well as leading to an improved parent-child relationship (Crnic & Greenberg, 1990a)

Neece, Green and Baker (2012) investigated the relationship between parenting stress and child behaviour problems over time, collecting data at seven time points over six years. Families of children with developmental delay as well as families of children with normal cognitive development were included in the study. The results showed that both child behaviour problems and parenting stress decrease over time as children change developmentally, and the authors found no difference in behaviour problems between the two groups of children. They also found that there was a strong relationship between child behaviour problems and parenting stress over time and highlighted the usefulness of parenting interventions that reduce parenting stress, noting that most researched parenting programmes targeting child behaviour problems result in reduced parenting stress post-intervention.

Many studies have researched parental stress with a focus on children with disabilities (Jones, Hastings, Totsika, Keane, & Rhule, 2014; Hastings, 2002; Sakkalou, Sakki, O'Reilly, Salt, & Dale, 2018), a focus on families of low socio-economic status (Cheng & Furnham, 2014), or a focus on child maltreatment (Beckerman, van Berkel, Mesman, & Alink, 2017) but few on a general population of parents.

In a paper on stress as a disruptor of parents' perceptions of their children, Webster-Stratton (1990) identified psychological well-being as a protective factor in promoting competent parenting. She suggested that an area of future research could be an investigation into whether building a parent's protective factors would mediate the disruptive effect of stress on how the parent deals with their child's perceived difficult behaviour. Bloomfield and Kendall (2012) have also concluded that both lower levels of parental stress and increased parental confidence in their parenting skills are needed before changes in child behaviour will occur. Their study collected pre-intervention, post-intervention and four-month follow-up data from participants in a particular parenting programme. They concluded that parent outcomes were a reliable measure of a programme's effectiveness, however, there was no non-intervention group data and no comparison with different parenting programmes.

1.2.5 Parenting support and parenting programmes.

It has been recognised that the health, well-being and development of children is improved through parents being supported; acknowledging that parenting plays an important role in that health, well-being and development (Her Majesty's Government, 2006; Stewart-Brown, 2008). Supporting parents in order to improve child outcomes has been central in many recent UK government policy initiatives such as Every Child Matters (Department for Education and Skills, 2003) and the Children Act 2004. Parenting support is a wide term which can encompass a variety of things, from family support to parent training. Family

support was defined by the Audit Commission (1994) as an activity provided by either statutory agencies or groups in the community which aims to give advice and support to parents to assist them in raising their children. In the UK, families have family support services available to them through health visitors (Whittaker & Cowley, 2012) and/or children's services. Support from children's services is usually given to all members of a family and this support seeks to improve parenting skills by concentrating solely on the issue of parenting practices (McKeown, Haase, & Pratschke, 2001). Parenting support can be described as activities undertaken to assist parents in developing the skills they need to parent their child or children effectively (Miller, 2010). It is different from family support and encourages the development of a positive parent-child relationship.

The Compendium of Parenting Interventions (National Center for Parent, Family and Community Engagement, 2015) described a parenting intervention as a structured set of activities, using a standardised manual for the person delivering the intervention, that have a central focus on parenting in order to promote positive outcomes for children. The Compendium identified that parenting programmes use a range of tools such as lectures, discussions, activities and videos (National Center for Parent, Family and Community Engagement, 2015). The UK government has stated that parenting programmes are important in supporting parents and has tried to address problematic parenting practices through the introduction of a number of policies including Every Child Matters (DfES, 2003).

There are a great number of parenting programmes available in the UK. Some have been developed to address the needs of parents when dealing with specific problems with their children, and most of these evidence-based parenting programmes originated outside the UK. Evidence-based programmes are structured interventions that have been evaluated using randomized control trials (Kirby & Sanders, 2012). The authors stated that this gives

the programme users, both facilitators and participants, the confidence that any beneficial effects will be linked to the intervention rather than to chance or to other extraneous factors. This type of parenting programme is founded on robust theories such as attachment theory (Bowlby, 1973), for example Parents First (Goyette-Ewing et al., 2003) and the Solihull Approach (Solihull Approach Team, 2006), social learning theory (Bandura, 1969) such as Incredible Years (Webster-Stratton, 1984), and human ecology (Bubolz & Sontag, 2009) such as the Nurse-Family Partnership (Olds, 2012). A range of interventions has also evolved from the association of child behaviour problems with either an authoritarian or a lax parenting style and most of these use a behavioural training model (Anderson, Vostanis, & O'Reilly, 2005; Kumpfer & Alvarado, 2003; Webster-Stratton & Hammond, 1997) although some of these interventions attempt to reduce behavioural problems in children by focusing on improving family relationships (Anderson et al., 2005).

A review of international evaluation literature in the field of parenting support was conducted, covering a wide range of interventions from several countries including the USA and the UK (Moran, Ghate, & van der Merwe, 2004). The authors found that the majority of the interventions originating outside the UK were robustly evaluated with well-established effectiveness, whereas those from the UK had less evidence on their effectiveness but were popular and well-known to service providers. A recent large-scale review of the qualitative literature of parent's perceptions and experiences of parenting programmes found that parents stated that they felt it was important for programme content to be tailored to their individual family needs (Butler, Gregg, Calam & Wittkowski, 2020). However, the authors acknowledged the difficulty this poses for parenting practitioners using manual-based programmes which by their very nature are based on a rigid structure which cannot be tailored to an individual.

1.2.5.1 Parenting programmes.

Incredible Years targets parents of young children (infancy/toddlerhood to middle childhood) with severe behaviour problems or diagnosed ADHD (Webster-Stratton, 1984). The course consists of four modules delivered over between twelve and twenty sessions lasting between two and three hours of step-by-step guidelines for playing with children and helping them learn, using praise and rewards, setting limits, and handling misbehaviour.

Triple P, from Australia, aims to enhance the knowledge, skills and confidence of parents of children up to twelve years-old to prevent severe behavioural, emotional, and developmental problems (Sanders, 1999). The topics included in Triple P are promoting positive relationships; encouraging desirable behaviour; teaching new skills and behaviours and managing misbehaviour. The programme generally runs over five weeks with two-hour sessions. Research findings support the efficacy of Triple P in teaching skills to parents to manage specific problem behaviours (Sanders & Woolley, 2005). No evidence was found that these specific skills were transferable to multiple situations.

Strengthening Families 10-14 originated in the USA and has been adapted for use in the UK by Allen, Coombes and Foxcroft (2004). This programme was designed to increase the resilience of children aged between ten and fourteen years-old and reduce risk factors for alcohol and substance misuse, depression, violence, aggression, delinquency and school failure by working with the parents and the children both separately and together. The programme sessions are two hours long and delivered over seven weeks. The programme includes workshops for parents alongside workshops for their children followed by workshops bringing parents and children together. The four topics covered for the parents are using love and limits; encouraging good behaviour; using consequences; and building parent-child relationships.

In a review of cognitively enhanced group parenting programmes, Gavita and Joyce (2008) concluded that this type of programme improved parenting behaviours and parental mental health and reduced children's disruptive behaviour both post-intervention and in follow-up. There have been some empirical comparisons of the effectiveness of different evidence-based international parenting programmes (Lindsay, Strand & Davis, 2011; Little et al., 2012). Lindsay, Strand and Davis (2011) compared the Incredible Years (IY) (Webster-Stratton, 1984), Triple P (PPP) (Sanders, 1999) and Strengthening Families, Strengthening Communities (SFSC) (Steele, Marigna, Tello, & Johnson, 2000). Little et al. (2012) compared the Incredible Years, Triple P and Promoting Alternative Thinking Strategies (PATHS) (Greenberg and Kusché, 2002), an intervention which aims to improve emotional regulation in children aged four to eleven-years old. Lindsay et al. (2011) found that parental well-being increased in all participants attending the parenting programmes included in their study and that after attending any one of these parenting programmes parents were less likely to overreact to their child's misbehaviour and more likely to stay calm when dealing with their child. Parents also reported that they had more effective parenting skills. The authors also found that the measured outcomes showed that SFSC was much less effective on all measures used than IY and Triple P. They suggested that this may have been because of the broader aims and content of SFSC compared to those of IY and Triple P. Post-programme data was only available for half of the participants in the study and no follow-up data was collected, so the long-term effects were not measured. The authors concluded that a parenting intervention could be effective provided it effectively engaged parents. The study conducted by Little et al., (2012) concluded that IY was initially successful, but that Triple P had no overall benefits. The authors suggested that the comparatively poor results for Triple P was a result of the low completion rates of only forty percent at the Triple P courses and possible poor fidelity in the implementation of the

programme. They also suggested that the low impact of the programme could have been because specific age-groups were targeted and that the programme was therefore less effective for children outside those age ranges.

One parenting programme, also originating in the USA, has been designed for use with ethnic groups: Strengthening Families Strengthening Communities (SFSC) (Kumpfer, Molgaard, & Spoth, 1996). The programme aims to reduce violence against self, family and the community and to empower parents to manage unwanted child behaviour without using corporal punishment. A UK version of SFSC was adapted from the US Strengthening Families Program model in 2000 by the Race Equality Foundation but there is little research on its efficacy here (Steele, Marigna, Tello, & Johnson, 2000; Wilding & Barton, 2007). The Race Equality Foundation is undertaking a four-year Random Control Trial to evaluate the programme in the UK, which started in January 2019.

Tuning into Kids (TIK) originated in Australia and draws on emotion socialization literature (Havighurst, Wilson, Harley, Prior, & Kehoe, 2010). This programme is aimed at parents of four- and five-year olds and is delivered to groups of parents over six weekly sessions lasting two hours each. There are also two booster sessions bi-monthly after the end of the programme. TIK teaches parents the five steps of emotion coaching devised by Gottman and DeClaire (1997). Exercises, role-plays and DVD materials are used, and the emphasis of the programme is on parents becoming more aware of their own emotions as well as those of their children. Although the programme labels itself as a coaching intervention, it is more of a teaching programme with set topics covered over the six sessions.

One programme devised in the UK is Mellow Parenting for families with children aged 0-4 years old where parents may have had negative experiences of parenting and a history of abuse or emotional deprivation and are experiencing stress and problems with

their relationship with their child (Puckering, Rogers, Mills, Cox, & Mattsson-Graff, 1994). This programme combines approaches to the emotional well-being of the parents with direct intervention in their parenting (Puckering, Evans, Maddox, Mills & Cox, 1996). Research shows that this programme is effective in improving outcomes for children evidenced by their names being taken off the UK Child Protection Register following parental involvement in the programme (Puckering et al., 1994).

One example of a short parenting programme is Challenging Years! Living with Teenagers (Hinton & Taylor, 2006). It is a well-used four-session programme devised by UK educational psychologists. It has four topics to include in each programme: Understanding the Teenage Years; Talking to Teenagers; Parenting Styles and Dealing with Conflict and is not as prescriptive as most other parenting programmes as course facilitators are able to include any relevant material they feel is pertinent to each topic (Hinton & Taylor, 2006). This approach means more work for the facilitators in order to put together the programme material but may result in a course that is more relevant to the participants.

There is a parenting programme for families which is based on the solution-focused brief therapy model (Berg, 1994). The Parents Plus Program (Sharry & Fitzpatrick, 1997) is an evidence-based, DVD-based group parenting course using solution focused brief therapy principles such as an emphasis on an equal relationship between the therapist and the client which aims to empower the client (Cheung, 2009). The solution-focused techniques include creating parent-centered goals in a collaborative way and building on the parents' existing skills and strengths to achieve the goals. The Parents Plus Program focuses on the parent–child relationship, and parents are encouraged to communicate positively with their children. The programme draws on cognitive-behavioural and social learning principles to manage the child's behaviour. The Parents Plus Program has a strengths-based approach and a focus on the contextual nature of behaviour. It uniquely focuses on exceptions, that is,

when the problem is not a problem and encourages parents to focus on a problem-free future. The programme was found to be effective in both clinical and non-clinical populations (Carr et al., 2017).

The method of delivery of Parents Plus shares common themes with parenting programmes such as Incredible Years and Triple P but differs in its use of solution-focused techniques which have been shown to be effective in family therapy for child behaviour problems (Behan, Fitzpatrick, Sharry, Carr, & Waldron, 2001; Bond, Woods, Humphrey, Symes, & Green, 2013). The participants in the Parents Plus Program give feedback to the facilitators at the end of each session so that the content of the programme can be adapted, taking these comments into account. This creates a collaborative therapeutic process and empowers the participating parents in shaping the content of their intervention (Carr, Hartnett, Brosnan, & Sharry, 2017). However, a limitation of this approach would be the possibility of conflicting comments by parents which would not easily be incorporated into programme changes. A further limitation is that Parents Plus has been produced in Ireland, and the videos contain Irish families, which means that they are suited particularly to the Irish context and in the current form may not transfer easily to other geographical areas as the Irish accents may be difficult to understand elsewhere in the UK.

In the field of health there is a drive towards individuals being agents in their own interventions through strategies such as co-creation (Leask, Sandlund, Skelton, & Chastin, 2017) which allows the intervention to be relevant to the individual and helps that individual achieve positive outcomes. The process of parent group training has been investigated and it was found that a collaborative approach was the optimum way to engage parents (Webster-Stratton & Herbert, 1993). There was an emphasis placed on the partnership between the programme leader and the attending parents. However, whilst forming a collaborative relationship is key to coaching interventions (O'Broin & Palmer, 2006) where

the intervention is conducted with one individual, it would not be as easy to form a completely collaborative relationship with all the members of a group intervention such as on a parenting programme. Korfmacher, Kitzman and Olds (1998) also found that an empathic relationship between a parent and the person providing the intervention improved the parent's ability to be empathic with their child.

Since the research for this thesis was conducted, a pilot study has been conducted with a new universal group parenting programme which uses co-design and strength-based approaches. This programme is called Parents Building Solutions (PBS) and has been developed in Australia (Morris et al., 2019). The findings from the pilot study showed that changes in parents' knowledge, confidence and self-efficacy were achieved following participation in the programme, although this was a study without a control and/or non-intervention group for data comparison.

The status of research on effective parenting interventions was examined by Powell (2005) who made several suggestions for areas of future research including programme fidelity, the characteristics of the parents targeted by the intervention, and the context in which the intervention is delivered. Fidelity means that "programs must be offered with all the core components being delivered utilizing the recommended protocols, video vignettes, program dosage and clinical methods and processes for the prescribed number of sessions" (Webster-Stratton & Herman, 2010, p.44). Maintaining the fidelity of a parenting programme is recommended because it has been found that where programmes are well-researched and evidence-based, they are known to be effective (Baer, Wolf, & Risley, 1987). However, the authors stated that any parenting programme might not suit all parents and therefore recommended flexibility in the application of a programme in order to keep those parents involved. This, together with Ogbu's (1981) findings, suggests that an

effective intervention needs to be tailored to the individual needs of the parent whilst following a core structure.

Barlow and Coren (2018) conducted a review of published reviews to explore the effectiveness of parenting programmes and found evidence of short-term effectiveness only. A review by Assemany and McIntosh (2002) of studies of behavioural training parenting programmes found that very few studies examined whether the impact of treatment continued to make a difference over time as there were no follow-up comparisons of intervention and control groups. This was corroborated by the findings of Moran, Ghate, and van der Merwe (2004). These authors did find that although there were few studies that collected follow-up data on parent outcomes, those that did reported sustained improvements in parenting skills for up to two years following the parenting intervention, which contradicts previous findings (Barlow & Coren, 2018). Further research on parenting programmes (Stewart-Brown et al., 2004) found that the short-term improvements in the parent-child relationship were not always sustained at follow-up. This finding indicated that parenting interventions were likely to have a positive effect on those areas specifically covered by the intervention in the short-term but did not provide parents with strategies that could be applied effectively to new challenges with their children which occurred after the end of the intervention. It has been suggested that this could be because of the natural developmental and relationship changes which occur in children's lives as they get older (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). Bloomfield & Kendall (2007) concluded that an increase in parents' confidence and a decrease in parents' stress levels were necessary before a child's behaviour changes. The authors further suggested that measuring parent outcomes following a parenting intervention may be more reliable and more appropriate as a measure of an intervention's effectiveness than measuring child outcomes, in the short-term.

Baer, Wolf and Risley (1968) argued that an important part of behaviour change is generality, a behavioural change that proves durable over time or a behaviour that spreads to a wide variety of related behaviours. Bloomfield and Kendall (2007) also suggested that changes to a child's behaviour may take place over a longer period once new ways of parents and children interacting with each other have been put in place. A positive development in the field of parenting interventions would be for parenting support and interventions to be designed which encourage parents to change their behaviours and practices, for the parents to apply these new behaviours to more than one unwanted child behaviour and for these changes to be long-lasting.

One limitation of research on parenting programmes was found by the authors of a research review of behaviour-oriented and non-behavioural parenting programmes (Lundahl, Risser, & Lovejoy, 2006). They noted that most of the studies included in the review did not include control groups in their research. This lack of control group was found in other research on parenting programmes (Dretzke, et al., 2009; Lindsay, Strand & Davis, 2011). The inclusion of a control group would provide researchers with data which could be compared with an intervention group to provide stronger evidence of the efficacy of an intervention.

1.2.5.2 Attrition/dropout rates.

Within the healthcare field adherence to and engagement with a programme has been shown to be necessary in order to achieve positive outcomes (Martin, Williams, Haskard, & DiMatteo, 2005) the same can be said about parenting programmes. Goodson and Hess (1975) proposed that parents' active participation in a parenting programme is a predictor of the magnitude of the effects of the programme and research findings suggest that where parents engage with the content of the parenting intervention, the intervention is more effective (Korfmacher, Kitzman, & Olds, 1998). Further research has found that

intervention effects on children are related to the amount of parent participation in a parenting intervention (Ramey et al., 1992).

The length of an intervention could be another influencing factor in an individual's willingness to take part. Tully and Hunt (2016) found that brief interventions of between eight and twelve sessions were effective, although the interventions they included in their research had low participant numbers and high dropout rates. There is inconclusive evidence about the effectiveness of a parenting intervention related to its length although research has found that the greater the contact with parents, the better the result (Gross, Spiker, & Haynes, 1997; Ramey et al., 1992). However, the findings from a meta-analysis of parenting interventions suggested that interventions with fewer than five sessions were as effective as interventions with five to sixteen sessions (Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). The authors also found that when interventions had more than sixteen sessions, they were less effective than the interventions comprising a smaller number of sessions.

In the field of health, a review of the literature was carried out to determine the relationship between length of intervention and patient benefits (the dose-effect) (Howard, Kopta, Krause, & Orlinsky, 1986). Their research demonstrated that after between eight and thirteen therapeutic sessions, 50% of patients showed a measurable improvement in anxiety and depression levels according to the patients' self-ratings and this rose to about 75% showing some improvement after twenty-six sessions. Using the criterion from pharmacological studies of effective treatment of the dosage at which 50% of patients show a response, the conclusion was that brief interventions of up to thirteen sessions are effective although the maximum effect from a psychotherapeutic intervention would occur after fifty-two sessions (Howard et al., 1986). A limitation of this research was the diversity of

methods used in the literature that was reviewed and the possible differences in the criteria used in each reviewed study to label a patient as "treated".

A qualitative study of parental perceptions of the value of Incredible Years (Webster-Stratton, 1984) used data collected at three timepoints, post-intervention and six- and twelve-months later (Patterson, Mockford, & Stewart-Brown, 2005). The participants were selected for having children who scored above the median on a child behaviour inventory scale (the worst half of the distribution), and the authors found no evidence that the programme would be beneficial to all parents. There was a 40% attrition rate of parents who attended less than half of the programme sessions. The authors suggested that one reason for the drop-out was that the participants were harder to reach parents with more chaotic lives. Some criticisms by parents in the study were that the programme had not met their specific needs, and that not all aspects of the programme were helpful to them. Others wished that more time had been spent on each topic so that it became reinforced and easier to remember. These findings identified the need for a parenting intervention which can be made relevant to each parent, focusing on each parent's issues and proceeding at a pace which suits that parent (Small et al., 2009).

Smith (2010) suggested that many parenting programmes speak to a white middle class parenting model which not all parents will think is appropriate to them and concluded that parenting interventions need to be less deficit-focused and more strength focused. She identified that increased parental confidence was a secondary outcome for parents attending parenting groups such as Incredible Years (Webster-Stratton, 1984) and this improved the parent-child relationship and she also found that empathy was relevant to child outcomes. Although the focus of the article was on babies and infants, the author's findings may be transferable to parenting older children too. Smith's findings may also indicate the need for interventions that are designed to meet the individual needs of the parents, depending on

their own parenting model and developing the strengths of their own parenting behaviour as well as addressing more the more negative aspects of their parenting behaviours

It has been found that prevention programmes for issues such as substance misuse, and juvenile delinquency need to be relevant to the participants in order to achieve positive outcomes (Nation et al., 2003) and that relevance to participants may result in less attrition from family interventions (Small, Cooney, & O'Connor, 2009). The dropout rates of parents from support interventions have been linked to the therapeutic alliance, the extent to which a parent feels supported and whether they feel the support they are receiving is appropriate to them (Friars & Mellor, 2007). It has also been suggested that some practical factors also influence attrition rates for parenting programmes such as work commitments or interventions not being at a suitable time for the parent (Kazdin, Holland, & Crowley, 1997). In one study, parents who had dropped out of interventions stated that they had wanted a more supportive group where parents could talk more about their issues (Friars & Mellor, 2007). Some of these parents stated that they had felt pressured by the programme to try approaches that were new to them too quickly and other parents had disagreed with the strategies suggested during the programme and their underpinning philosophies. This rigidity is perhaps a limitation of many existing parenting interventions as they cover a set of topics in a particular order and do not deviate from this, which means that participants have to fit in with the intervention rather than the intervention fitting the needs of the participants.

A further explanation of attrition rates from parenting programmes is that this occurs when the information within the programmes is a mismatch with parents' aspirations or way of parenting (Smith, 2010). This would also suggest that interventions which do not consider where individuals are on the cycle of change are not effective in retaining individuals (Prochaska & Di Clemente, 1982). Change is a gradual process as described by

Prochaska and Di Clemente (1982) in their transtheoretical model of change (TTM) (see Figure 1.2). This model identifies four stages of change that people go through once they have decided that change is necessary, and they want to move out of the pre-contemplation stage. These stages are thinking about change, becoming determined to change, actively making changes and maintaining the changed behaviour(s). Individuals need to want to change and to be at the right stage in the cycle of change for interventions encouraging behaviour changes to be effective and for the individuals to participate fully in the intervention. It is possible that parents who are looking for support with their parenting are in the preparation stage of the TTM model. Once parents access support they are in the action stage of the model.

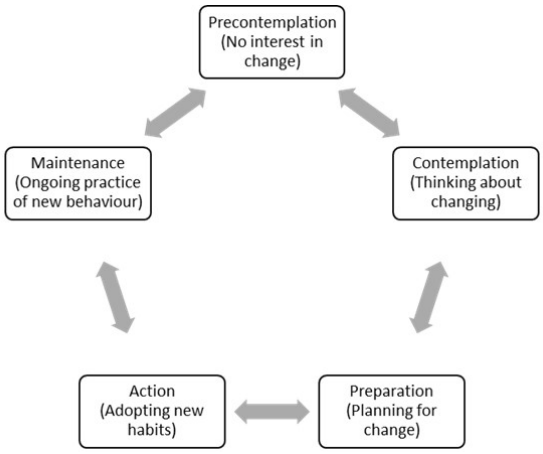


Figure 1.2 A model of behaviour change (from Prochaska and DiClemente, 1982).

1.2.5.3 Mode of delivery.

The parenting programmes described in this chapter have different modes of delivery, for example there are group parenting programmes such as the Incredible Years (Webster-Stratton, 1984) and others working with individuals such as Parent Management Training (McMahon & Forehand, 2003). Some interventions seek to educate parents through the provision of information such as 1-2-3 Magic (Phelan, 2004) or teaching and practicing skills such as Incredible Years (Webster-Stratton, 1984). Some can be flexible in their delivery such as Triple P (Sanders, 1999), while others are more prescriptive such as the

Time Out for Parents, one of a series of parenting programmes (Care for the Family, 2014). Lundahl, Risser and Lovejoy (2006) found that individually delivered parent training was superior to group delivered training in helping families who are facing economic disadvantage and furthermore that parenting interventions had empirical support in improving disruptive child behaviours. These findings contradicted Barlow's (1997) findings that group-based programmes were more successful in improving children's behaviour compared with the studies that researched interventions that worked with parents on an individual basis. Further research was inconclusive about whether parent support was more effective when delivered to groups or individually to parents (Barlow & Coren, 2018). Pinquart (2017) found that parenting training programmes produce, on average, small to moderate effects on children's externalising problems. This suggests that interventions tailored to an individual parent's needs might be more effective than general parenting group programmes. It also implies that working with parents on their parenting behaviours would have an effect on the child's externalising behaviours. His findings were therefore consistent with the previous findings on Baumrind's (1971) parenting style categories (Anderson et al., 2005; Wood et al., 2003).

The need to move away from the structured group parenting programmes towards more individually tailored programmes is evidenced by the recent evolution of the Incredible Years. There are now several versions aimed at different age groups, such as babies for example (Pontoppidan, Klest, & Sandoy, 2016). Most recently it has been developed into an intervention that can be delivered on a one-to-one basis either in a parent's home or a pre-arranged setting. This has been called a 'home visiting coach model' but the delivery is still "expert" led, maintaining the video-based programme structure that is used in group delivery and the 'coach' label describes the fact that it is delivered on an individual basis, rather than involving the parent as an equal partner (Webster-Stratton,

2016). A case study has been published on its use (Gordon, 2015) but there is currently no evidence base of this method of delivery being preferable to the group sessions.

There is scant evidence for parenting programmes being delivered at a distance, such as over the telephone. One study that included telephone contact (Pierce et al., 2008) was an investigation into the role of parenting practices in preventing adolescent problem behaviours such as drinking alcohol or smoking tobacco. The authors delivered a programme for the parents by providing them with a self-help manual supported by quarterly telephone calls from a facilitator. The facilitator used motivational interviewing techniques to discover how the parent was progressing and would also search for additional reference material and information for the parents which was sent out either electronically or through the mail. A review has also been conducted into the effectiveness of online parenting programmes (Nieuwboer, Fukkink, & Hermanns, 2013). The authors noted that some parenting programmes (such as Triple P, Incredible Years Adapted, and PALS) have been adapted for use over the internet, and others have been written specifically for internet use. They acknowledged that their sample size was small but concluded that self-guided programmes improved parents' knowledge and intensively guided therapist- or coach-led interventions could facilitate parental behaviour and attitude changes. There has also been a recent review of the use of technology in parenting programmes (Corralejo & Domenech Rodríguez, 2018) which included coaching over e-mail, which concluded that technology-based interventions are effective.

Research has been conducted on the services parents could use while on a waiting list for help with their children's mental health problems (Cunningham, et al., 2015). Parents participated via an internet survey and distance parenting services supported by telephone coaching appealed to a significant percentage of parents in this study. A recent study by Olthuis, et al., (2018) evaluated a 12-week parenting programme (Strongest

Families) delivered using written material, skill-based videos and telephone coaching sessions. The conclusion drawn by the authors was that this distance parent training programme was an effective and cost-effective way to increase access to mental health care for families with a child with disruptive behaviour.

1.2.6 Other parenting support methods

One example of an intervention that is not a parenting programme is described in a study which investigated the links between the longitudinal psychosocial outcomes of children with behavioural problems and their parents following a family support service intervention (Anderson, Vostanis, & O'Reilly, 2005). Two groups of parents who had been referred to social services and allocated to a family support worker participated in the research. One group received the usual intervention provided by the service and the other group received an intervention from support workers who had received training in social learning theory and solution-focused therapy techniques. The results of the study showed a reduction, and therefore an improvement, in scores on a child behaviour scale from pre- to post-intervention data, but there were no significant differences between the two groups. However, this improvement in child behaviour scale scores was not sustained at the three-year follow-up when these scores were compared with those taken pre-intervention (Anderson et al., 2005).

There is a parent counselling intervention called the Parent Advisor Programme which is delivered on a one-to-one basis to parents of pre-school aged children by medical practitioners trained in counselling techniques, parenting and child behaviour management. An evaluation of the programme showed that the programme was effective in improving parents' feelings of self-esteem, reducing parent's stress levels, improving parents' attitudes towards their children and also their children's behaviour problems (Davis & Spurr, 1998).

Moran and Brady (2010) found that participants successfully achieved behavioural changes in themselves and their children in the context of a family support service by improving self-efficacy. That intervention was a brief six-session intervention and used a self-efficacy measure. The results led the authors to conclude that it is important to empower parents rather than concentrating on the parenting problem itself. This is one of the main tenets of solution-focused coaching, described in Section 2.3.2. The fundamental belief of the solution-focused approach is that people are more likely to make changes and achieve their goals when they utilise the resources they already have and generate their own solutions (O'Connell, Palmer, & Williams, 2012).

Brief therapy is a therapy which takes as few sessions as possible to achieve a solution for the client. The terms brief therapy and solution-focused brief therapy (SFBT) have become interchangeable in their meanings. Solution-focused brief therapy is an intervention of not more than ten sessions (De Shazer, 1985; Weakland, Fisch, Watzlawick, & Bodin, 1974). It has an approach which identifies what is working and encourages the participant to do more of it (De Shazer et al., 1986). The Department for Education (DfE) published a systematic review of solution focused brief therapy (SFBT) with children and families. Although the review worked with a relatively small evidence base of 38 studies, the authors concluded that there was some evidence to show the effectiveness of SFBT in reducing children's externalising behaviours (Woods, Bond, Humphrey, Symes, & Green, 2011). Other research on children's behaviour (Corcoran & Stephenson, 2000) and parenting groups (Zimmerman, Jacobsen, Macintyre, & Watson, 1996) supported these findings. This evidence lends further support to the idea that an SFBT approach would be effective for parenting interventions.

In the same way that human beings tend to make the same mistakes over and over, parents also often use a limited stock of strategies to try to solve issues with their child;

sometimes continuing to try a strategy over and over even though it is not working. This has been identified as a rigid approach (Hollenstein, Granic, Stoolmiller, & Snyder, 2004). A solution-focused approach may encourage parents to stop the 'doing what they have always done' cycle and try doing something different.

1.3 Summary and Critical Evaluation of the Parenting Literature

To summarise: there is a range of parenting support and parenting programmes available, but the majority of these interventions target parents dealing with specific child behaviour problems. When looking at the causes of disruptive child behaviour researchers have mostly observed interactions between parents and their children to identify which parenting behaviours are most associated with this disruptive child behaviour. In addition, most parenting has been evaluated through the existence of disruptive child behaviours. The practical methods parents can employ to adopt more adaptive patterns of parenting behaviour or increase their feelings of self-efficacy and well-being have not been examined to the same extent.

As shown in this chapter, a strong association has been found between poor parenting practices and unwanted child behaviour (Stormshak, Bierman, McMahon, & Lengua, 2000). Parenting interventions that include behavioural parent training models have been shown to be effective (Webster-Stratton, & Hammond, 1997) and it has been found that children's behaviour is improved when parenting practices are improved (Eddy, Leve, & Fagot, 2001; Hoeve et al., 2009). However, although a range of tools are used in the delivery of parenting programmes, such as discussions, activities and videos (National Center for Parent, Family and Community Engagement, 2015), there is criticism of parenting programmes being inflexible in their delivery and therefore not fully inclusive for all parents (Baer, Wolf, & Risley, 1987). Baer, Wolf, & Risley, 1987 suggested that a parenting programme should be delivered in a flexible way to maintain the involvement of

the participants because it has been found that behaviour change is facilitated by an individual attending an intervention and being fully participative (Martin, Williams, Haskard, & DiMatteo, 2005). It has also been shown that when parents are fully engaged by the content of an intervention, the intervention is more effective (Korfmacher, Kitzman, & Olds, 1998). Attrition rates from parenting programmes have been found to be a result of a mismatch between the programme content and the parents' needs, or values (Smith, 2010). More practical issues such as sessions held at an inconvenient time for some parents or clashing with personal commitments have also been cited as reasons for parental drop-out from programmes (Kazdin, Holland, & Crowley, 1997). These limitations suggest the need for a flexible parenting intervention delivered with the parent as an equal partner in the intervention and able to be delivered using a variety of methods.

As shown in this chapter, there has been little research focus on the large population of parents who want to access support for less severe child behaviour problems, and it has been suggested that it may be appropriate and effective to offer support to parents of children with perceived low levels of disruptive behaviour so that the difficulties do not escalate to a clinical level (Brenner & Fox, 1998; Moran, Ghate, & van der Merwe, 2004; Patterson, Mockford, Barlow, Pyper & Stewart-Brown, 2002). Where parenting interventions have been offered to non-clinical cohorts or in general communities, most have still been targeted at socially disadvantaged populations (Day, Michelson, Thomson, Penney, & Draper, 2012; Forgatch & DeGarmo, 1999; McGilloway et al., 2012). This therefore shows that parenting support is not offered to all at the non-clinical level.

Empathy is not an integral part of current parenting programmes, however there is evidence to show that more positive interactions between parents and children are influenced by the empathy levels of the parent (Strayer & Roberts, 2004; Zhou, et al., 2002).

It was found that positive interactions led to improvements in the behaviour of the child and this confirmed the importance of empathy as a parenting skill.

It has been identified that parents who ask for support with their child's behaviour are likely to have low self-efficacy in their parenting practices (Sanders & Woolley, 2005). Sanders and Woolley (2005) state that parenting interventions which aim to increase parents' self-efficacy are effective in reducing problem behaviour in children. This study included self-efficacy as a parenting factor prompted by the findings of Coleman & Karraker (1997; 2003) that parents use their parenting knowledge more effectively and persistently when they have a sense of efficacy in their parenting abilities. The change in parental self-efficacy and parental confidence is an integral part of the model tested in this thesis using Bloomfield and Kendall's (2007) self-efficacy model. The persistence of improved self-efficacy found by Bandura et al. (1969) is pertinent to the issue of whether parenting interventions have a -lasting effect on parenting skills.

There are few studies that have examined whether the positive impact of a parenting programme continued to make a difference over time by comparing intervention and non-intervention control groups at follow-up (Assemany & McIntosh, 2002). This thesis explores whether the PRAISE coaching model would be effective at encouraging behaviour changes that are sustained over time and that are applied to a variety of related behaviours.

Coaching and coaching models and approaches are examined in Chapter 2.

Chapter 2 Literature Review of Coaching Interventions

2.1 Introduction

Following on from the literature review on parenting interventions, this is also a narrative literature review, as defined by Grant and Booth (2009), covering published, peer-reviewed literature. This approach was chosen for the same reason of providing a background for understanding the area in question by allowing for the consolidation of

previous findings (Cronin, Ryan, & Coughlan, 2008; Grant & Booth, 2009). This chapter aims to explore whether a solution-focused cognitive-behavioural coaching intervention as a practical and applied method can be an effective parenting intervention.

This chapter contains an outline of various coaching theories, approaches and models together with an exploration of current coaching research. Literature on the use of coaching in different fields is examined, paying particular attention to the efficacy of coaching in relation to the different elements examined in this research study (relationships, empathy, feelings of self-efficacy and feelings of well-being). The different modes of delivery of coaching interventions are presented followed by a section describing the coaching alliance. This chapter ends with the research rationale and hypotheses of this thesis. Research on the efficacy of coaching in

This chapter will be divided into six main sections to reflect the research objectives of this thesis:

1) Coaching models and theoretical foundations.
2) Coaching and different fields
3) Coaching and self-efficacy
4) Coaching and well-being
5) Coaching as family support
6) Different modes of coaching delivery
7) The coaching alliance

The literature search was based on search criteria and the key search terms were "coaching"/"coaching psychology"/, used individually and in conjunction with terms such as "self-efficacy", "well-being", "stress", "parent" as these reflected the areas of research interest. Literature searches were performed through databases: Google Scholar, E-Journals, PsycINFO, De Montfort University Library Search, Academia.edu and

ResearchGate as these were deemed to be most relevant to the topic due to their focus on psychology and coaching psychology.

2.2 Background

The verb 'to coach' was first used in 1556 originating from the Hungarian work kocsi which was a wagon constructed in Kocs in Hungary (Cox, Bachkirova, & Clutterbuck, 2010). The word is still used today to describe a mode of travel. The current forms of coaching have evolved from sports coaching (O'Connell, Palmer & Williams, 2012).

It has been said that it is difficult to define coaching (Ives, 2008). However, a number of definitions of coaching have been proposed, which include: "The art of facilitating the performance, learning and development of another" (Downey, 1999, p.15). The word 'coaching' has been used in situations which would be more accurately described as mentoring, for example, skills coaching as used in sports coaching. One difference between coaching and mentoring is that the coach-client relationship is an equal partnership in a coaching situation when compared with the expert-novice relationship in a mentoring situation (Grant, 2001; Griffiths, 2005). In their paper, Passmore and Lai (2019) put forward an argument for a standardised definition of coaching.

The earliest known published papers in the coaching field focused on coaching being used by companies to boost their profits by coaching employees at various levels (Gorby, 1937; Bigelow, 1938). Coaching did not emerge as a profession until the latter part of the twentieth century, after the publication of 'The Inner Game of Tennis' (Gallwey, 1974). This book took a psychological approach and identified an "inner self" which could stop a person achieving their potential. Gallwey's awareness of the psychology of an individual's performance resonates with therapeutic approaches such as the psychodynamic approach, which investigates a person's unconscious processes and how these affect goal achievement (Lee, 2010) and the cognitive-behavioural which combines, cognitive, behavioural and

problem-solving techniques to achieve goals (Williams, Edgerton, & Palmer, 2010). Gallwey's book (1974) was a best seller and was followed by other "Inner Game" publications. Some consider Gallwey's work to be the foundation of the corporate and life coaching fields (Tschannen-Moran, 2010). A new model of coaching (GROW) was introduced to aid performance in the workplace by Whitmore in the late 1980s followed by what is now considered a seminal book in the field of coaching in which coaching is defined as: "unlocking people's potential to maximize their own performance. It is helping them to learn rather than teaching them." (Whitmore, 1992, p10).

Coaching has attracted criticism for being empirically weak and not sufficiently based on a particular theory (Cox, Bachkirova, & Clutterbuck, 2014). However, coaching has evolved from a range of disciplines. It has its roots in behavioural science and aims to facilitate change in the person being coached by focussing on goals, setting goals and motivation (Cox, Bachkirova, & Clutterbuck, 2010). Coaching's strength is that it uses a bespoke approach which may differ for each client rather than a one-size-fits-all philosophy (Bresser & Wilson, 2006). This approach is taken within a coaching model and the chosen model will vary depending upon the theoretical base within which the coach is operating.

Coaching has been described as one of the fastest-growing professions and it has been argued that since coaching transferred from sports to business during the 1970s and 1980s it has developed into a commonly used method for self-improvement (Bresser & Wilson, 2006). Because of this there is now a plethora of forms of coaching, for example, life coaching, sports coaching, executive coaching, career coaching, family life coaching and peer coaching. These various forms of coaching are based on different coaching methodologies, but the particular strength of each approach will suit different situations such as performance coaching, with its roots in Erickson's life-span development theory (1980) being particularly suitable for career or aspirational goals.

Coaching and psychotherapy have the shared purpose of improving a client's potential and enhancing their development (Grant, 2003). Grant states that the major difference between the two approaches is that therapeutic approaches are aimed at improving perceived dysfunction while coaching encourages potential growth. Coaching has been described as an intervention that focuses unequivocally on an individual's personal goals and objectives (Spence & Grant, 2007). The coach helps a person find their own solution, using their inherent strengths and skills, in order to meet the challenges associated with achieving their goal. Coaching's focus on a non-clinical population differentiates it from therapy. As described above, coaching works with individuals to achieve their specific goals, working through steps to achieve them. On the other hand, therapy has been described as working with a clinical population, focusing on pathology, presenting problems and diagnoses (Lefdahl-Davis, Huffman, Stancil, & Alayan, 2018).

Linley (2006) identified that the majority of coaching research focuses on the coaching process to ascertain which coaching process works best. Passmore and Fillery-Travis (2011) conducted a review of coaching literature and put forward the opinion that most of the knowledge base used by coaches comes from other disciplines. However, the unique combination of these elements is not seen in other interventions and this combination is beneficial to coaching clients. They also suggested that future coaching research uses two or more conditions, and includes measures at pre-intervention, post-intervention and six- or twelve-months post-intervention. This suggestion was made so that the impact of coaching over the course of the intervention and the sustainability of the effects can be assessed. This study aimed to address the gaps in the research literature identified by Passmore and Fillery-Travis (2011) by collecting data on an intervention and non-intervention group at three time points including a 6-month follow-up.

2.3 Coaching Models and Theoretical Foundations

Coaching has evolved from clinical and counselling methods and their theoretical perspectives such as the psychodynamic (Lee, 2010), the cognitive behavioural (Williams, Edgerton, & Palmer, 2010), the systemic (Kilburg, 2000) and the brief, solution-focused approach (De Shazer et al., 1986). Cognitive-behavioural coaching has been strongly influenced by organisational theories, counselling, psychotherapy and philosophy and has its roots in behavioural science (Bandura, 1969; Pavlov, 1927; Skinner, 1974). Coaching has a focus on goals, setting goals and motivation (Cox, Bachkirova, & Clutterbuck, 2010). Williams et al. (2010) described cognitive-behavioural coaching as an approach that aims to enhance the quality of the thoughts of the person being coached by encouraging more effective thinking and behavioural skills. The cognitive-behavioural coaching approach takes the stance that a person's feelings and emotions are affected by that person's thoughts and this cognitive model helps people replace their mistaken and maladaptive perceptions with more constructive thoughts and behaviours (Ellis, Gordon, Neenan, & Palmer, 1997). Grant (2001) found that cognitive and behavioural techniques have been successful in both clinical and counselling practice in clinical populations wanting to address psychopathology.

Over the last ten years coaching psychology has emerged as a field of coaching. The key difference between coaching and coaching psychology is that coaching psychology includes the application of psychological theory. Passmore, Stopforth and Lai (2018) wrote a short paper which discussed coaching and coaching psychology definitions and their definition of coaching psychology was:

"the scientific study of behaviour, cognitive and emotion within coaching practice to deepen our understanding and enhance our practice within coaching".

Grant (2008) had described coaching psychology as:

"the systematic application of behavioural science to the enhancement of life experience, work performance and well-being for individuals, groups and organisations who do not have clinically significant mental health issues or abnormal levels of distress" (p.23).

Over the course of the research process, family life coaching emerged as a recent addition to the field of coaching psychology and is an amalgamation of family life education and coaching psychology (Allen, 2016). Allen has described family life coaching as: "working with an individual, couple, parents, youth, or a family to address family-life issues through the coaching process" (p. 8). She states that parent coaches generally coach adults and do not coach the whole family system, but that this coaching impacts the family and therefore she includes them under the umbrella of family life coaching. This emphasis on the important impact that coaching a parent has on the family is particularly pertinent to the approach of this current research. Allen's coaching model is a person-centred, strengths-based approach which is also an important element of PRAISE, the new coaching model described in this thesis.

Additionally, since the start of this research process, Dias, Palmer and Nardi (2017) have proposed that an integrative coaching model would be a useful addition to the field of coaching psychology. The proposal is to integrate the solution-focused approach and positive psychology with cognitive-behavioural coaching into the Integrative Cognitive-Behavioural Coaching (ICBC) model. This proposal has yet to be fully developed but is the start of a process of integrating psychological and coaching perspectives.

It has also been suggested that the transtheoretical model of change (Prochaska & Di Clemente, 1982) has strengths that may be useful in coaching practice (Grant, 2001). According to Fisch, Weakland & Segal (1982):

'If problem formation and maintenance are seen as parts of a vicious-circle process, in which well-intended "solution" behaviours maintain the problem, then alteration of these behaviours (or beliefs) should interrupt the cycle and initiate the resolution of the problem (*p*.19).

In other words, whatever the cause of a maladaptive interaction, one individual changing their style can have a positive effect. For example, in an argument, when both sides continue to argue the issue becomes more and more heated, whereas when one party stops arguing the argument peters out because the reaction of one side has changed. This is also relevant to transactional or bi-directional parenting models.

Recent coaching approaches include positive psychology which identifies and builds on a person's strong points and skills and encourages them to consider what is going well in their life (Kauffman, 2006; Linley & Harrington, 2005; Seligman & Csikszentmihalyi, 2000). Another recent approach is motivational interviewing which has its roots in the Rogerian humanistic approach. Motivational interviewing works in a collaborative manner with a person to improve their intrinsic motivation towards changing their behaviour (Passmore & Whybrow, 2008; Rollnick, Butler, Kinnersley, Gregory, & Mash, 2010; Rollnick & Miller, 1995). Table 2.1 provides a summary of various coaching approaches and objectives.

Table 2.1

Coaching Approaches

Type of coaching	Objective of coaching
Humanist	"Coaching is above all about human growth and change" (Stober, 2006 p. 17)
Behaviourist	"The purpose of coaching is to change behaviour" (Peterson, 2006 p.51)
Adult development	Coaching is about helping clients develop and grow in maturity
Cognitive coaching	Coaching is foremost about developing adaptive thoughts
Goal-focused	"Coaching is a goal-oriented, solution-focused process" (Grant, 2006 p. 156)."
Positive psychology approach	"Shift attention away from what causes and drives pain to what energises and pulls people forward" (Kauffman, 2006 p. 220)
Adventure coaching	"The deliberate use of adventurous experiences to create learning in individuals or groups." (Kemp, 2006 p278)
Adult learning	A learning approach that helps self-directed learners to reflect on and grow from their experiences
Systemic coaching	"Coaching is a journey in search of patterns" (Cavanagh, 2006 p. 313)

Ives, 2008. Quotes selected from Stober & Grant (2006).

Despite the wide range of coaching approaches, there are commonalities between them (Ives, 2008; Stober & Grant, 2006). These include a co-operative relationship between the coach and participant, a focus on formulating solutions, participants not having mental health problems that are clinically significant and a systematic process which encourages the personal growth of the person being coached. Coaching is about change and transformation, relying on the human ability to change maladaptive behaviours and to develop new, adaptive and successful actions (Bachkirova & Cox, 2008). Linley (2006) described coaching as a 'human change process' and suggested that it is important to use pre- and post-intervention measures within coaching research and, if possible, to use the measures again after a period of time when evaluating coaching interventions. These measures would test how sustainable the effects of a coaching intervention are. The growth of coaching has not been matched by research publications and it has been stated that there is very little evidence on the efficacy of coaching to bring about personal change (Grant, Cavanagh, Parker, & Passmore, 2010). They therefore stated that it was important to rigorously evaluate coaching interventions using measures to provide evidence of their efficacy.

Coaching models that are grounded in an empirical and theoretical knowledge base have been called 'evidence-based coaching' to distinguish these models from coaching which has grown out of a personal development field (Grant, 2005). In this evidence-based coaching context Grant (2005) contradicts other authors (Joseph, 2010; Spinelli, 2010; Whitmore, 1992), by arguing that a coach should have expert knowledge (Grant, 2005). This expert knowledge, not just of coaching techniques but of the area and goals on which the client wants to work, turns the coach into an expert giver of advice. In the more recent field of family life coaching Allen (2016) stated that when working with parents a coach needs to be knowledgeable about child development and parenting practice.

As well as differing opinions on whether a coach needs to be an expert in the field in which they are coaching, there is also a difference of opinion about whether the process of coaching should be directive or non-directive. Parsloe (1995) stated that coaching improves performance through instruction and tutoring. His opinion had later altered to advocating a non-directive coaching method (Parsloe & Wray, 2000). Although a coaching intervention generally involves the coach asking questions rather than being directive, Grant (2005) stated that a proficient coach will be able to judge when to encourage a person to self-discovery using questions and when to share their expert knowledge or to give advice. Grant further advised that there needs to be a balance between these two approaches as too much giving of advice will lessen the prospect of the person being coached developing their own skills in the area in which they are being coached. He identified this as a vital component for long-term change. A non-directive approach of asking and not telling is based on the work of Whitmore (1992) and aims to facilitate the process of self-discovery by the person being coached. The other end of the coaching spectrum is the behavioural approach with an emphasis on direct feedback and advice giving advocated by Goldsmith (2003). These approaches lie on a continuum and a coach can move along the continuum, choosing to use different coaching techniques with a client, depending on how apt the technique is at that point in the coaching intervention (Stober & Grant, 2006).

The different coaching approaches fall broadly into two camps: problem-focused or solution-focused (Grant & O'Connor, 2010; Grant, 2012). Problem-focused coaching takes a client's problem and analyses what has led to the problem, whereas solution-focused coaching starts with a client-set goal and uses the client's strengths to achieve the goal.

2.3.1 Problem-focus.

A problem-focused coaching approach will take the client's current problem and then analyse the cause and effect which has led to this problem and may even apportion

blame (Cavanagh & Grant, 2010). The problem-focused approach has been applied to a range of issues in a variety of settings, such as clinical (D'Zurilla & Nezu, 2010; Elstein & Schwartz, 2002) training (Park & Gaylord-Ross, 1989) and sports coaching (Stier, 2010). Problem-focused coaching can be based on a coaching relationship which guides an individual to solve their problems in a structured and systematic way (Neenan & Palmer, 2001). One such systematic model was devised by Wasik (1984) which comprises a seven-step approach including relevant questions at each step. The seven steps were:

1. Problem identification
2. Goal selection
3. Generation of alternatives
4. Consideration of consequences
5. Decision making
6. Implementation
7. Evaluation.

The well-known solution-focused PRACTICE coaching model was developed by Palmer (2007; 2008; 2011) incorporating this seven-step problem-solving model. PRACTICE broadly follows a rational problem-solving approach which incorporates a goal attainment process. This model is described in more detail in Section 2.3.3.

The relevance of a problem-focused approach to behaviour therapy was investigated by D'Zurilla and Goldfried (1971) who reviewed problem-focused research for potential applications in behaviour therapy. They concluded that this approach was a promising approach to changing behaviour and suggested that further research and clinical investigation was needed. Grant and O'Connor (2010) investigated the differential effects of solution-focused and problem-focused coaching questions. They found that the difference between the two approaches was that the solution-focused approach increased

positive affect and increased the participant's understanding of the nature of the problem which the problem-focused approach did not achieve. This had been a pilot study based on a single 30-minute coaching session and used pre- and post-coaching session measures with groups of mature students. The results showed the benefits of using solution-focused questions for goal-setting although a limitation of the study was that the two differently focused questions were put to the same group of participants. The authors nevertheless recommended that coaches used a solution-focused approach in order to achieve effective goal-focused coaching sessions that build self-efficacy and increase positive affect. Further research comparing solution-focused vs. problem-focused coaching questions was conducted by Grant (2012) in a randomised control study. The results found that asking participants solution-focused questions significantly increased their levels of positive affect and significantly reduced their levels of negative affect. These results supported the findings of the earlier study by Grant and O'Connor (2010) and have implications for coaching practice.

2.3.2 Solution-focus.

The difference between problem-focused coaching and solution-focused coaching lies in the type of questions asked by the coach: problem-focused coaching asks the question 'Why?' and solution-focused coaching asks the question 'How to?' (Grant, 2012; Grant & O'Connor, 2010; Theeboom, Beersma, & Van Vianen, 2016). Solution-focused approaches are based on a person's strengths and highlight that person's resilience and skillset to determine how these assets can be used to reach goals and make changes (O'Connell, Palmer & Williams, 2012). Cavanagh and Grant (2010) asserted that a solution-focused coach will encourage clients to switch their attention from dwelling on problems to noticing when positive events occur and to then reflect on the positive. A coach using a solution-focused approach aims to support the person being coached to shift their perception and to

increase their self-awareness and their awareness of others in order to counter any undermining negative beliefs or perceptions (O'Connell et al., 2012). It has been said that solution-focused coaching does not rely heavily on theoretical approaches and concentrates on what is already working for the person being coached (O'Connell et al., 2012). This coaching method draws greatly on the principles of the person-centred approach developed by Carl Rogers (1957).

Solution-focused methods were originally developed in therapeutic and counselling fields, influenced historically by Alfred Adler, Milton Erickson, and John Weakland (O'Connell, 2012; O'Connell & Palmer, 2008) and belong to the constructivist school of therapies. Constructivism (Piaget, 1952) is based on the theory that experience has an impact on the way people view and understand the world. In a constructivist therapy the person looking for support in making changes to their life is expected to actively participate in the intervention, making them agents of their own change and not a passive recipient of the intervention. This school of therapies includes personal construct theory (Kelly, 1955); neuro-linguistic programming (NLP) (Bandler & Grinder, 1979) and a brief problem-solving model developed at the Mental Research Institute (MRI) in Palo Alto, California, by Weakland, Fisch, Watzlawick, and Bodin (1974). The MRI and the SFT models owed much to the seminal thinking of Gregory Bateson (1972) and Milton Erickson (1980).

The Ericksonian approach is to believe that solutions to problems lie within the person, in the unconscious mind, and that therapy allows someone to become aware of those inner strengths and resources. Erickson's approach was an indirect process of strategically assisting his clients in designing and achieving their own personal goals (Short, Erickson, & Erickson-Klein, 2005). Continuing from Erickson's approach, a theoretical position from positive psychology is that people often have resources and competences of which they are unaware, and do not use as much of their potential as they could (Seligman &

Csikszentmihalyi, 2000). The solution-focused approach in coaching puts emphasis on helping the coaching client to describe how they would like their future to be and then helps that client develop a way to achieve that future state.

2.3.3 The PRACTICE model.

The PRACTICE coaching model was originally based on a traditional problem-solving approach (Palmer, 2007). Palmer introduced 'PRACTICE' as an acronym representing a well-established model that has been used in fields such as coaching, counselling, psychotherapy and stress management. Over time the author changed the focus of PRACTICE from the problem-solving focus of the source model, to a more solution-focused model through the use of solution-focused questions and techniques (Palmer, 2008). The author noted that the problem-solving approach had been successfully applied to a wide range of issues in coaching, training and clinical settings and mentioned many key areas of research including family/relationship problems and posited that a more solution-seeking focused coaching approach would have similar success. He further suggested that the PRACTICE model could be successfully used within a cognitive-behavioural framework. Palmer stated that PRACTICE can be used as an approach for a variety of coaching approaches, including performance, health and life and personal coaching as well as stress management. The PRACTICE framework has recently been investigated to see whether it can enhance well-being in a work environment setting (Hultgren, 2018). The flexibility of this model appealed to the current researcher and encouraged the adaptation of PRACTICE into the PRAISE coaching model to make it appropriate for the field of parenting.

2.3.4 Solution-focused brief interventions.

The solution-focused coaching approach grew out of the field of therapy, from the Solution Focused Brief Therapy (SFBT) model developed in the USA (De Shazer et al., 1986). SFBT was greatly influenced by the work of Erickson (1980). SFBT is future-

focused, goal-directed and focused on finding solutions rather than focusing on the problems which led the person to seek help. De Shazer and his team worked with families with complex problems. In SFBT interventions the use of pre-suppositional questions encourages clients to focus on solutions to their problems. The brief therapy model assumes that people already have skills and concentrates on these rather than identifying deficits. The SFBT model is based on the premise that if something works there is no need to change it and that even if it only worked once this can be built on. The opposite also holds true for this model, in that if something does not work then something different should be tried. De Shazer et al. (1986) believed that small solutions could lead to big changes and this is something that will be examined in this current thesis. A brief coaching model has been described by Berg and Szabo (2005), advocating the use of a positive, solution-focused approach.

These solution-focused methods are being used more and more in an extensive assortment of human change areas such as child behaviour problems (Corcoran, 2006), marital issues (Zimmerman, Prest, & Wetzel, 1997), and criminal behaviour (Lindforss & Magnusson, 1997) as well as in coaching (Berg & Szabo, 2005; Spence & Grant, 2007). To be successful, brief therapy or brief interventions need to show measurable improvements after a small number of sessions (Berg & Szabo, 2005). Participants in this research will be offered up to ten coaching sessions which means that PRAISE can be classified as a brief intervention according to Tully and Hunt (2016). Brief interventions have been found to be effective (Berg & Szabo, 2005; Tully & Hunt, 2016) and the recent Family Life Coaching framework and model is designed to take place over three coaching sessions (Allen, 2016, p. 106).

2.4 Coaching and Different Fields

Research has demonstrated the effectiveness of coaching in several different fields and the conclusion drawn by Palmer (2004) was that coaching is accepted in business, sports and personal arenas and should also be accepted into other fields. One field is health coaching where coaching is used as a mechanism for behaviour change. Practitioners in health coaching aim to help patients achieve their health-related goals and to improve their well-being. They achieve this by challenging any health inhibiting thinking (HITS) or negative attitudes and encouraging the development of health enhancing thinking (HET) (Palmer, Tubbs, & Whybrow, 2003; Palmer, 2004). Although it is acknowledged that there is little research to underpin health coaching efficacy, the suggestion has been made that cognitive-behavioural models could be a promising approach to health coaching (Palmer et al., 2003). Heimendinger et al. (2007) used coaching methodology in a study to engage participants in a more collaborative approach to reach targets of eating at least five servings of fruit and vegetables daily and of engaging in at least half an hour of moderate activity on at least five days each week. This study was based on the belief that people are naturally creative, capable and unimpaired and have the best answers for solving the problems they are facing. This family-based health behaviour intervention piloted the use of coaching techniques in this field. The participants in the study worked with an advisor/coach to explore their current behaviour and their motivation for change as well as their perceived personal barriers to or facilitators of their nutrition and activity goals. The intervention used was both flexible and replicable. A follow-up contact between six and eight months after the intervention was conducted to determine the participants' satisfaction with the intervention. The authors concluded that this approach was successful in achieving healthier outcomes by increasing the amount of fruit and vegetables a family ate and by increasing the amount of physical activity the family took part in. Coaching was found to

support the change process with 63% of the twenty-one families who took part in the study either completely or partially achieving their self-set goal. The families reported a feeling of partnership with their advisors/coaches. The authors concluded that coaching was a method of tailoring an intervention for individual families within a standardised method of delivery. This conclusion suggests that individually tailored interventions within a standardised framework could be beneficial in other fields.

Grant and O'Connor (2019) found that in coaching outcome research, most studies have focused on workplace or executive coaching, although they identified an emerging body of research examining personal or life coaching, especially for specific health issues or quality-of-life issues. They also found literature which suggested that coaching is effective at creating intentional personal change. Life coaching has been described by Grant and Cavanagh (2010) as a form of coaching offered to participants outside the workplace which focuses more on enhancing a person's well-being, concentrating on personal rather than career or work-related goals: a mechanism for personal change. The authors provide a description of how life coaching evolved from evidence-based methodologies. The description of the assumptions of life coaching that people have considerable latent potential and are resourceful and that life coaching is a goal focused approach that can encourage change over a short period of time influenced the design of the parenting intervention in this current study.

Spence and Grant (2010) have examined where life coaching fits within the field of coaching and concluded that evidence-based life coaching has the potential to support people in making purposeful change and to enhance their well-being. Life coaching is often used by people who want to achieve goals that are important to them and who also want to improve their well-being (Grant & Greene, 2001). It has also been described as a designed and controlled way of assisting people to make alterations and adjustments to their lives

(Green, Oades, & Grant, 2006). In their study, Green, Oades and Grant (2006) had two groups of participants, an intervention group which received ten coaching sessions and a waiting list group. Measures were completed by both groups at two timepoints (baseline and after ten weeks) but only the coaching group completed longer term follow-up measures. They found that the positive effects to the coaching participants' well-being and goal striving found post-intervention were sustained after 30 weeks.

Coaching psychology is a domain of coaching practice that emerged from coaching and executive coaching in particular which, in turn, had developed from sports coaching (Grant, 2008). Coaching psychology aims to enhance well-being and performance in personal life and work domains and is an integration of a solution-focused approach into a cognitive-behavioural framework (Grant, 2001).

2.5 Coaching and Self-efficacy

There is evidence of the importance of self-efficacy in behaviour change (Bandura, 1977), however a literature review carried out by Pekkan (2018) found that there was very little empirical research on the effect of coaching on self-efficacy. What had been published on the topic pertained mostly to business and organisations, but she found that the studies included in the review showed a relationship between coaching and improved self-efficacy beliefs (Bachkirova, 2004; Baron & Morin, 2009). One of the included studies (Bar, 2014) examined the impact of coaching on self-efficacy levels and its impact on well-being with a cohort of single mothers in Israel. The results of Bar's (2014) study showed that the self-efficacy scores of the single mothers who were coached increased, as did the rate of attainment of their goals. Bar's study included follow-up data collected 3 months after the coaching intervention and found the effects were sustained at this point.

Self-efficacy has been deemed an important factor in behavioural coaching and has been linked to self-esteem (Skiffington & Zeus, 2003). It has been found that improved

feelings of self-efficacy are transferable and that this effect happens most predictably in areas which are similar to each other (Bandura, 1977). Bandura and Locke (2003) found a strong correlation between an individual's efficacy beliefs and their levels of achievement and motivation. A person's self-efficacy levels can be strengthened by positive feedback during coaching interventions when compared to the same feedback given in a negative framework (Jourden,1991). Where feedback is evaluative, the coaching relationship between the coach and the person being coached becomes less equal and the person being coached may become less willing to disclose personal information and this may inhibit the achievement of goals (Ladyshewsky, 2010).

2.6 Coaching and Well-being

As described in Section 1.2.4, well-being is difficult to define and has been described in different ways (Dodge et al., 2012). Siddiqui (2015) found that high levels of self-efficacy were linked to high psychological well-being. Her study, conducted with college students, found that the students who were in touch with their own emotions, needs and beliefs (organismic valuing) and who used their strengths had greater well-being, both subjective and psychological. However, she also found that strengths knowledge alone was not a major independent predictor of either type of well-being. This suggests that it is more important for an individual to utilise strengths rather than just to identify what the strengths are. An earlier study also came to this conclusion. Govindji and Linley (2007) hypothesised that strengths knowledge and strengths use were associated with well-being. They found that people who are in touch with their own feelings, needs, and values and are using their strengths experience greater well-being. They also found that strengths knowledge was not a significant predictor of greater well-being. Although their study collected data and did not include a coaching intervention, they suggested that coaching

interventions that are designed to help people understand their strengths better, as well as using them more, would have positive implications in a range of fields.

Coaching has become a widespread approach for non-clinical individuals which helps them set and reach targets and boosts their feelings of well-being (Grant & Cavanagh, 2010). Different life stages and life events such as parenthood have been identified that are causes of stress in many people's lives (Panchal, Palmer, O'Riordan, & Kelly, 2017) and thus affects their feelings of well-being. 'Turning 30' (Panchal & Jackson, 2007) is a coaching model aimed at people in their 20s and 30s undergoing transitions in their life. These transitions could be career-related, relationship-related or personal transitions such as parenthood. The suggested use of coaching to assist people going through transitions and life events has positive implications in the field of parenting.

There is a limited empirical base on the psychology of life coaching and one controlled study which explored how effective a cognitive-behavioural, solution-focused, life coaching group programme was on well-being as well as for achieving goals and raising levels of optimism was carried out in 2006 by Green, Oades and Grant. The findings showed significant increases in scores for goal striving, positive affect, psychological well-being and hope for the participants in the coaching group. These increases were maintained at a thirty-week follow-up. This was one of the first studies to show that coaching could be effective over time and there is currently very little research on the longer-term effects of coaching. Those few published studies have indicated that coaching can produce sustained changes (Green, Oades & Grant, 2006; Miller, Yalme, Moyers, Martinez & Pirritano, 2004).

The impact of coaching on goal attainment and mental health was assessed by Grant (2003). His study indicated that a solution-focused, cognitive-behavioural coaching approach used with a group of participants facilitated their attainment of goals and improved their mental health as well as their general life satisfaction. Grant's study measured the

effects of a coaching programme on participants and did not include a control group for comparison. The effect of life coaching on participants' feelings of well-being was also investigated in 2007 by Spence and Grant. The authors acknowledged growing evidence that personal goals are linked to personal growth and psychological health, however, they identified that little research has been conducted on how goal setting helps to achieve these outcomes. Their randomised controlled study compared the effects of peer and professional coaching on a person's feeling of well-being and self-regulated behaviour. The authors suggested that life coaching could claim to be "positive psychology in action" and that because it aims to improve personal functioning in many life domains, focused on an individual's personal goals, it would be useful in encouraging a parent to be a better parent, for example. The coaching approach utilised in their study used a cognitive-behavioural, solution-focused framework. There were three groups of participants: peer coaching, professional coaching and a wait-list control group. The results showed that professional coaching enhanced goal striving and goal attainment but had no significant effect on well-being. This contradicts earlier studies by Grant (2003) and Green, Oades and Grant (2006), although Spence and Grant stated that the primary focus of their study was on goals and secondarily on well-being. Another reason for their result may be that the well-being levels of the participants were already high and therefore showed no significant improvements post-coaching. They also concluded that, for goals to be successfully achieved, they needed to be goals set by the person working towards them and not goals set by someone or something else. This conclusion was also arrived at by Sheldon and Elliot (1999) who found that when a person felt they owned their goal or goals, striving towards them could enhance well-being. Nowack (2017) stated that goals come in different sizes and should have a personal fit to the person being coached and that it takes time for new behaviours to form and to become automatic. This suggests that a coaching intervention that aims to

encourage behaviour change should take place over a number of weeks in order for the person being coaching to form and consolidate new behaviours. It had been previously found in a study on how habits are formed that the time this takes can vary between 18 and 254 days (Lally, Van Jaarsveld, Potts, & Wardle, 2010).

2.7 Coaching as Family Support

Coaching has been described as a change methodology (Grant, Cavanagh, Parker, & Passmore, 2010), which has been successfully used to improve family relationships or marital problems (Palmer, 2007). The majority of the literature has concentrated on the business and organisational world and there appears to be no body of literature where the application of coaching to family support has been researched. However, there was a small-scale study which incorporated life coaching techniques into a family support service in order to improve parents' self-efficacy (Moran & Brady, 2010). Having identified differences between coaching and family support, the authors considered that some life coaching techniques would add value to the family support method. The main difference was that coaching aims to work with an individual on his or her personal objectives while family support works with individuals and families with the aim of enhancing the welfare of children (McKeown, Haase & Pratschke, 2001). Despite these differences, Moran and Brady (2010) identified an overlap between the principles of both approaches. One of these areas was working with a client's strengths as well as being aware of the client's capacity and willingness to change. The sample size was very small: three adults and three young people, the intervention was brief: weekly for six weeks, and a self-efficacy measure and qualitative feedback were used to evaluate the study. Although the participants reached their short-term goals, they were still working towards their more long-term goals when the coaching intervention finished. This led the participants to feel discouraged, even though five of the six participants showed increased scores on the self-efficacy measure used. This

suggests that a successful coaching intervention should last long enough for the participant to achieve their goals. Despite the small sample size, Moran and Brady (2010) made some interesting points about the effectiveness of coaching applied to family support work and concluded that it is important to empower parents rather than concentrating on the parenting problem itself. This conclusion suggests the usefulness of including a focus on parental self-efficacy in a parenting intervention.

More recently, the use of coaching strategies has been investigated within the fields of family life coaching (Allen, 2016) and social work (Burroughs, Allen, & Huff, 2017). Burroughs, Allen and Huff (2017) reported that social workers currently use some coaching techniques in their work with families, but this has not yet been specifically researched. Allen (2013) identified a lack of evidence-based literature on the use of coaching with families and proposed an evidence-based framework for family life coaching within the field of coaching psychology. It is the result of merging family life education and coaching psychology and is an area of coaching psychology that draws greatly from family science which is the scientific study of families and close interpersonal relationships (Burr, Day & Bahr, 1993).

2.8 Different Modes of Coaching Delivery

Distance coaching, which is coaching delivered to a participant when they are not in the same room as the coach, can increase flexibility and participation, but has not been thoroughly researched. One study found that distance coaching was a cost-effective and practical method for delivering coaching that maintained behaviours or tasks for the participants when it was not feasible to deliver coaching in the same room (Ghods, 2009). Telephone coaching has also been shown to be effective for hard-to-reach participants. A pilot study was conducted with forty participants by Aoun, Osseiran-Moisson, Shahid, Howat, and O'Connor (2012) and their findings showed that telephone coaching was an

effective and feasible way to deliver a lifestyle intervention and the participants reported high levels of satisfaction with the telephone method of coaching. A further study made a direct comparison between face-to-face and distance coaching practices from the perspective of the coach and found no significant differences in the working alliance between the two conditions (Berry, Ashby, Gnilka, & Matheny, 2011). Research has also shown that face-to-face and telephone coaching were equally effective in increasing physical activity and improving mental health among university employees (Opdenacker & Boen, 2008). A mixed mode of delivery of two face-to-face sessions followed by eight distance coaching sessions either over the telephone or using Skype was found to be effective for a coaching intervention study exploring the effectiveness of personal systems coaching in increasing self-efficacy and well-being for Israeli single mothers (Bar, 2014).

Steptoe et al. (1999) conducted a trial with a group of participants at risk of coronary heart disease. This was a coaching intervention incorporating the use of the telephone and was a parallel group randomised trial in which participants were given either two or three coaching sessions depending on the number of health risk factors they had. Telephone calls to encourage change were made between the health professional and the participant between sessions. Seventy-two percent of participants completed data four months after the intervention and fifty-nine percent at the twelve-month follow-up stage. Within the intervention group the results showed reductions in risk behaviour, such as smoking cigarettes, and increases in physical activity. These results were maintained in the intervention group at follow-up and both post-intervention and follow-up results were better than those obtained from the control group. Another randomized controlled trial using telephone coaching for patients with coronary heart disease (COACH) was successful in reducing total cholesterol levels and other coronary risk factors in these patients (Vale et al., 2003). It used a structured programme that combined telephone contact with information

sent in the post to patients with chronic diseases to achieve target levels for their cardiovascular risk factors while they were still supported by their usual medical practitioners. This intervention aimed to empower patients to take charge of the process to achieve and maintain their personal target levels related to their risk factors (Vale et al., 2003). Patients who received the coaching programme had significant improvements in their health and the associated risk factors. These findings show that telephone coaching is an effective method of delivering an intervention in the field of health coaching. In a published chapter on life coaching Spence and Grant (2010) discuss the method of coaching delivery, making a comparison between face-to-face and telephone coaching. Although they had little empirical outcome research in life coaching that compares the two methods, they said that phone coaching is very time efficient and can facilitate a close coaching relationship.

Most coaching is delivered on a one-to-one basis, however there is a group coaching programme which uses a manual called Coach Yourself (Grant & Greene, 2001; Green, Oades & Grant, 2006). Two studies were carried out by Spence and Grant (2005; 2007) to measure whether coaching increased both the subjective and psychological well-being of individuals and whether professional coaching was more effective than peer coaching (coaching by another participant). The manual-based coaching intervention was used in order to compare the effectiveness of the mode of delivery. Although this is a group coaching method, after the initial information session participants work in pairs, either with another participant for peer-led coaching or with a professional coach. The results from the 2005 study showed that coaching was beneficial to those being coached when compared to a waiting list control group and there was a definite association between progression towards goals and coaching as well as increased life satisfaction. The professionally coached group showed greater progression towards goals and commitment to these goals than the peer

coached group. The conclusion drawn was that a trained coach was more effective than a supportive peer, even though the material used was the same for both groups. The authors stated that there is scope for empirical work to examine different forms of coaching other than group coaching which may be more flexible and tailored to the individual such as a one-to-one intervention or distance coaching. The authors acknowledged that the nature of coaching is that it is led by the person being coached, who also sets the agenda for the interventions. This makes it very difficult to have a coaching programme written as a manual and delivered in the same way to each participant especially when the group members have no uniformity with their goals. The suggestion was that future group coaching might work best for groups of people with a shared goal such as weight loss. There was a further suggestion that a manualised coaching programme could have set weekly topics or themes that are within a cognitive-behavioural or solution-focused framework. These problems with attempting to create a group coaching intervention are similar to the problems identified with group parenting programmes (Baer, Wolf, & Risley, 1987).

There is also a coaching model called Turning 30 that has been published as a self-coaching book (Panchal & Jackson, 2005). This model draws on elements of positive psychology and uses a solution-focused coaching approach to assist people through life transitions. In today's climate, the usefulness of virtual formats for coaching are being explored. Recently, a pilot study was conducted to determine whether a virtual self-coaching programme was user-friendly. This pilot study used Palmer's PRACTICE model (Hultgren, Palmer & O'Riordan, 2016). The results suggested that the software and method of delivery were user-friendly and therefore feasible to use in a future study. These innovations confirm the usefulness of a coaching model that can be successfully delivered in a way other than face-to-face.

2.9 The Coaching Alliance

The coach-client relationship, or coaching alliance, has been identified as the most important element of a successful coaching intervention (Kemp, 2008). Despite this generally accepted opinion it has been identified that there is a lack of empirical evidence (O'Broin & Palmer, 2006). Gyllensten and Palmer (2007) acknowledge that psychological research has emphasised the importance of the coaching relationship as a vehicle for change but recognise that there is a lack of research which investigates this relationship. The coach-client relationship has been described as a fundamental factor in every coaching contract (O'Broin & Palmer, 2008) and has been seen as a tool of change in both coaching and coaching psychology literature (Stober, 2006). In 2019, Grant and O'Connor asserted that the coach–coachee relationship is a vital factor in successful coaching practice. A similar relationship between a parenting intervention facilitator and a participating parent has also been identified as an important element in effective parenting programmes (Smith, 2010).

In 1999, an APA Division of Psychotherapy Task Force was commissioned by Norcross to identify and disseminate information on empirically support therapy relationships. The aims of the Task Force were to identify the elements of effective therapy relationships and to explore successful ways that therapy is customised to the individual client (Norcross, 2001). Amongst other findings a conclusion was that, regardless of the type of treatment, the therapy relationship makes a substantial contribution to the success of psychotherapy outcomes (Lambert & Barley, 2001). Lambert and Barley (2001) suggested that the factors that influence client outcomes could be categorised within four areas: extratherapeutic factors, expectancy effects, specific therapy techniques and common factors such as empathy, warmth, and the therapeutic relationship. They found that research has been consistent in reporting a positive relationship between the therapeutic alliance and outcomes across studies. They concluded that an emphasis on the client-therapist

relationship was likely to enhance client outcomes. It would be worth exploring whether this finding is transferable into a coaching context.

There is disagreement about the importance of the coaching relationship to the success of an intervention, but it is generally agreed that a collaborative way of working between the coach and the person being coached aids the development of trust and respect (O'Broin & Palmer, 2008; 2012). Opinions differ on the importance of the relationship built between the coach and the person receiving a coaching intervention when compared to the particular coaching approach or method. Lai & McDowall (2014) conducted a review of the literature to examine the attributes of successful coaching psychologists and concluded that the coaching relationship was a key factor in enhancing the effectiveness of a coaching intervention. A limitation of this review was that most of the studies were qualitative and detailed the coachees' satisfaction with the coaching intervention rather than their improvement in behaviour or achievement. Conversely, Grant (2014) argued that a goal-focused coach-client relationship was a significantly more powerful predictor of a coaching intervention's success than satisfaction on the client's part with the relationship they had with their coach. This argument was recently corroborated by de Haan, Molyn, & Nilsson, (2020) who conducted a review of two large-scale RCTs in executive coaching to explore whether the working alliance between a client and their coach was related to coaching effectiveness. They found that client resilience was a greater predictor of coaching outcomes than the relationship between the client and the coach although they noted the limitation of only reviewing two RCTs.

Attendance and retention in one-to-one life coaching sessions in one study by Spence and Grant (2007) was 96%. The authors suggested that the relationship forged between the coach and client as well as the flexibility of one-to-one coaching was rewarding for the client and thus lead to greater retention. The study compared a group coached by

professional coaches with a group coached by peers. The results suggested that the coaching process was enhanced when conducted by professional coaches who were trained in the principles of behaviour change and had the skills needed to build an effective coaching relationship. Therefore, the coaching alliance may be crucial in determining adherence to an intervention.

2.10 Summary and Critical Evaluation of the Coaching Literature in Relation to Parenting Support

The above exploration of coaching research demonstrates the wide scope of solution-focused, cognitive-behavioural coaching. The field of coaching has been shown to be diverse, with applications in many different areas such as sports, life, executive and health coaching. It has also been shown to be an effective intervention performed individually, to groups, in the workplace and privately. This review has focused on examining coaching theories and models which could explain possible interactional effects between parenting factors and coaching interventions. The areas particularly pertinent to this research study where coaching has been usefully employed are self-efficacy (Bachkirova, 2004; Baron & Morin, 2009) and well-being (Grant & Cavanagh, 2010). With such a wide range of areas where solution-focused cognitive behavioural coaching has been successfully employed, it was worthwhile to explore whether parents could benefit from this approach. Family life is an area where a new field of coaching psychology has been introduced and therefore there is less research about how this field can be improved by the use of solution-focused coaching. This provides support for the topic of this current research study testing a new coaching model specifically for parents, adding to the literature on the effectiveness of solution-focused cognitive-behavioural coaching models.

When looking at the effects of coaching on well-being, researchers have mostly observed interactions between different factors, such as work factors for example, in order

to form theories and models on how these affect individuals (Gyllensten & Palmer, 2005). Yet they have not examined to the same extent, what practical methods or actions can help mitigate the effects of stress or increase well-being.

A solution-focused cognitive behavioural coaching inhabits several different areas which may influence outcomes in research: goal setting and attainment, cognitive behavioural elements, solution-focused techniques, and a coaching structure. Research into the effectiveness of a coaching intervention as parenting support has not been fully explored, but coaching has been shown to be effective in improving feelings of well-being in a group of postgraduate students (Grant, 2003) and in improving well-being and self-efficacy in a cohort of Israeli single mothers (Bar, 2014) as well as being effective as a positive mechanism for goal striving and achievement within a general population (Green, Oades & Grant, 2006). Parental well-being and self-efficacy are related to good parenting practices (Coleman & Karraker, 2003) therefore a coaching approach that can enhance feelings of well-being and self-efficacy may have applications in the field of parenting.

Coaching interventions have been delivered in a variety of ways not just in a face-to-face format. Modern technology has made it possible for participants to take part in coaching virtually, either following an online course or using internet-based telephone calls (Hultgren, Palmer & O'Riordan, 2016). Telephone coaching has also been successfully employed (Aoun, Osseiran-Moisson, Shahid, Howat, & O'Connor, 2012; Opdenacker & Boen, 2008). This makes an intervention using a coaching model potentially a very flexible intervention that could be successfully delivered in a way that suits the individual receiving the intervention. This flexibility in delivery would perhaps appeal to parents who often find it hard to find time to attend a parenting programme (Kazdin, Holland, & Crowley, 1997).

The coaching literature demonstrates that coaching has multiple applications in different fields. However, the literature also shows that less rigorous methods have been

used for evaluating coaching interventions and very few have collected follow-up data over time. It appears that there is not enough evaluation conducted except by a few researchers, namely Grant, Palmer, Stober and O'Riordan who are prolific researchers. This literature review chapter has highlighted the need for a greater number of evidence-based evaluations of coaching interventions so that they can be adopted and used more widely, in order to add credence to this field.

The development of the PRAISE coaching model is described in the next chapter. The practicalities of using the coaching model are explained and details of how it fits within existing parenting and coaching interventions are given.

Chapter 3. Rationale and Research Questions

A strong association has been found between poor parenting practices and unwanted child behaviour (Stormshak, Bierman, McMahon, & Lengua, 2000). Parenting interventions that include behavioural parent training models have been shown to be effective (Webster-Stratton, & Hammond, 1997) and it has been found that children's behaviour is improved when parenting practices are improved (Eddy, Leve, & Fagot, 2001; Hoeve et al., 2009). However, although a range of tools are used in the delivery of parenting programmes, such as discussions, activities and videos (National Center for Parent, Family and Community Engagement, 2015), there is criticism of parenting programmes being inflexible in their delivery and therefore not fully inclusive for all parents (Baer, Wolf, & Risley, 1987). Baer, Wolf, & Risley (1987) suggested that a parenting programme should be delivered in a flexible way to maintain the involvement of the participants because it has been found that behaviour change is facilitated by an individual attending an intervention and being fully participative (Martin, Williams, Haskard, & DiMatteo, 2005), and it has been shown that when parents are fully engaged by the content

of an intervention, the intervention is more effective (Korfmacher, Kitzman, & Olds, 1998). Attrition rates from parenting programmes have been found to be a result of a mismatch between the programme content and the parents' needs, or values (Smith, 2010). More practical issues such as sessions held at an inconvenient time for some parents or clashing with personal commitments have also been cited as reasons for parental drop-out from programmes (Kazdin, Holland, & Crowley, 1997). To address these limitations a flexible parenting intervention delivered with the parent as an equal partner in the intervention called the PRAISE model was developed and will be tested in this study. To further address these limitations, the PRAISE model is offered either as a face-to-face intervention or a telephone intervention to mitigate any practical difficulties for parents. This study compares the outcomes from both delivery methods.

The suggestion has been made that parenting support offered to parents of children with low levels of unruly behaviour may prevent the behaviour difficulties from increasing to a clinical level (Patterson, Mockford, Barlow, Pyper & Stewart-Brown, 2002). However, much of the existing literature focuses on specific groups of parents or children and there is a lack of empirical research on non-clinical populations. This thesis did not focus on a particular type of parent or family and the new PRAISE coaching model has been designed and will be tested in this thesis as a universal intervention that can be used to support any parent experiencing parenting difficulties. The research study was conducted with families of children displaying low-level, non-clinical behaviour problems. This is an area identified as lacking empirical study.

The flexible nature of PRAISE is a key element of the design of this new model which will encourage participants to make changes at a pace appropriate to them. The content of each PRAISE session will be tailored to the issues of the participating parent within the PRAISE structure. The parent will be encouraged to set their own goal and

agree the actions they will take to achieve it with the coach as recommended by Spence and Grant (2007). This collaborative way of working and deciding on the changes to be made and how to implement them should ensure that the parent will feel that the intervention is relevant to them. It is hoped that this will encourage their active participation and successful completion of the intervention as found by Small, Cooney, and O'Connor (2009).

Solution focused coaching is a person-centred approach (O'Connell, Palmer, & Williams, 2012) and the strength of an intervention being led by the person being coached is a fundamental element of the PRAISE model. This is what distinguishes this model from existing parenting interventions. Participants in this research will be offered up to ten coaching sessions which means that PRAISE can be classified as a brief intervention according to Tully and Hunt (2016). Brief interventions have been found to be effective (Berg & Szabo, 2005; Tully & Hunt, 2016) and the Family Life Coaching framework and model is designed to take place over three coaching sessions (Allen, 2016, p. 106). This PhD thesis aimed to fill an existing research gap in solution-focused cognitive-behavioural coaching: to introduce a new coaching model as a proactive intervention in a parenting context.

Empathy is not an integral part of current parenting programmes, however there is evidence to show that more positive interactions between parents and children are influenced by the empathy levels of the parent (Strayer & Roberts, 2004; Zhou, et al., 2002). It was found that positive interactions led to improvements in the behaviour of the child and this confirmed the importance of empathy as a parenting skill and led to its inclusion as an important element of the PRAISE model. One of the aims of this current study is to examine whether there is a link between an increase in a parent's level of empathy and an improvement in their child's behaviour.

It has been identified that parents who ask for support with their child's behaviour are likely to have low self-efficacy in their parenting practices (Sanders & Woolley, 2005). Sanders and Woolley (2005) state that parenting interventions which aim to increase parents' self-efficacy are effective in reducing problem behaviour in children. This study included self-efficacy as a parenting factor prompted by the findings of Coleman & Karraker (1997; 2003) that parents use their parenting knowledge more effectively and persistently when they have a sense of efficacy in their parenting abilities. The change in parental self-efficacy and parental confidence is an integral part of the model tested in this thesis using Bloomfield and Kendall's (2007) self-efficacy model. The persistence of improved self-efficacy found by Bandura et al. (1969) is pertinent to the issue of whether parenting interventions have a long-lasting effect on parenting skills. Moran and Brady (2010) conducted a study which incorporated life coaching techniques into a family support service in order to improve parents' self-efficacy. The authors' conclusion that it was important to empower parents rather than concentrating on the parenting problem itself confirmed the importance of having a focus on parental self-efficacy in the new parent coaching model used in the current research study.

Gaps in the literature are addressed in this research study by collecting data on a number of measures at three different time points. Measures will be completed at baseline, ten weeks after baseline and six months after the conclusion of the coaching intervention or six months after the second set of measures by the non-intervention group. The examination of this follow-up data will allow a determination to be made of any long-lasting effects on the participants' parenting behaviours following their participation in the intervention. It will also allow a comparison to be made with the follow-up data collected from the non-intervention group. Rather than comparing this intervention with other interventions, this

research is designed to compare the effect of PRAISE with a non-intervention group which addresses a limitation identified by Villadsen (2015).

A well-being measure is included in this study to examine whether a parent's protective factors are improved following the PRAISE coaching intervention. It has been acknowledged that stress affects parenting (Benzies, Harrison, & Magill-Evans, 2004a; Neece, Green, & Baker, 2012) and stress influences a person's feeling of well-being and self-efficacy. The current study measures parents' levels of anxiety and well-being to determine whether the anxiety levels of the coaching group are reduced by their development of useful parenting tools and skills after the intervention as suggested in an earlier study (Panchal, Palmer, O'Riordan, & Kelly, 2017). A recent study conducted with participants enrolled in higher education concluded that coaching can be a useful tool in improving a person's coping skills by targeting self-efficacy beliefs (Ebner, Schulte, Soucek, & Kauffeld, 2018). The findings of these studies are relevant to the current research study which aims to measure changes in parental feelings of anxiety and well-being through the use of the coaching intervention.

.

Research into the effectiveness of a coaching intervention as parenting support has not been fully explored in the empirical world, but coaching has been shown to be effective in improving feelings of well-being in a group of postgraduate students (Grant, 2003) and in improving well-being and self-efficacy in a cohort of Israeli single mothers (Bar, 2014) as well as being effective as a positive mechanism for goal striving and achievement within a general population (Green, Oades & Grant, 2006). Parental well-being and self-efficacy are related to good parenting practices (Coleman & Karraker, 2003) and this thesis aims to examine whether the use of the PRAISE coaching model would be effective in increasing those factors for the parents in the coaching group. During the course of this research study

Allen (2016) has investigated the use of coaching strategies within the field of family life coaching. Having identified a lack of evidence-based literature on the use of coaching with families Allen (2013) proposed an evidence-based framework for family life coaching within the field of coaching psychology. This strengthens the rationale behind this current study that a coaching approach would be effective as a parenting intervention.

A collaborative relationship has been identified as a key factor in the effectiveness of coaching interventions (O'Broin & Palmer, 2006) and, using the PRAISE model, the researcher aims to build a fully collaborative relationship with each parent participating in the coaching group of this research study. The solution-focused approach underpins this new PRAISE coaching model which aims to empower participating parents so that they can find their own solutions to their issues with their children. There is evidence to show that solution focused brief therapy with children and families is effective in improving child behaviour (Woods, Bond, Humphrey, Symes, & Green, 2011). This has provided a clear rationale for the inclusion of SFBT principles in the new PRAISE model tested in this thesis. Non-evaluative, positive feedback is included in many coaching interventions, and is a fundamental element of the solution-focused coaching model (see Section 2.3.2), as are open-ended questions, both of which are incorporated into the new PRAISE coaching model.

Health coaching aims to reduce negative, inhibiting thoughts and increase enhancing thoughts (Palmer, Tubbs, & Whybrow, 2003). Following these principles, parent coaching would aim to reduce a parent's inhibiting thoughts about their parenting skills and improve their self-efficacy by increasing their confidence in their parenting skills using cognitive and behavioural techniques within the PRAISE model. This thesis explores the use of cognitive and behavioural techniques with parents wanting to improve their skills and aims to measure

the effectiveness of the PRAISE model in improving their parenting skills and their feelings of well-being.

Findings showing that face-to-face coaching and telephone coaching are equally effective (Aoun, Osseiran-Moisson, Shahid, Howat, & O'Connor, 2012; Ghods, 2009) supported the decision made in the design of this thesis to deliver the coaching model either face-to-face or over the telephone, depending on the preference of the participant. Giving participants in the study the choice of delivery mode also fits with the transactional model of empowerment by choice which is part of self-determination theory (Deci & Ryan, 2008; Ryan & Deci, 2008) in which intrinsic motivation is an important component. Deci and Ryan (1985) suggested that choice enhanced intrinsic motivation by giving people a greater feeling of autonomy.

Previous research has found that many parenting interventions have a high attrition rate because parents are hard to reach or have chaotic lives, and some people struggle to attend programmes due to personal commitments (Kazdin, Holland, & Crowley, 1997). The PRAISE model is therefore offered either as a face-to-face intervention or a telephone intervention to mitigate these difficulties for parents. This study compares the outcomes from both delivery methods.

The PRAISE coaching model has its basis in the fundamental belief of solution-focused coaching that "people are more likely to change and achieve their goals quickly when they tap into their own resources and solutions" (O'Connell, Palmer, & Williams, 2012, p.14). The solution-focused approach emerged from family therapy and particularly from the work of practitioners at the Brief Therapy Centre in the USA (De Shazer et al., 1986). These practitioners found that their clients engaged well with this solution-focused approach and made changes more quickly. The PRAISE coaching model is based on this

approach and this thesis tests the effectiveness of the model using a brief therapy structure of up to ten coaching sessions.

Several questions were posed:

I. Can this coaching intervention help parents adapt their parenting behaviour?

II. Can this coaching intervention improve parents' feelings of self-efficacy?

III. Can this coaching intervention improve a parent's perceived relationship with their child?

IV. Can this coaching intervention improve parents' feelings of well-being?

V. Can this coaching intervention for parents encourage perceived positive changes in a child's behaviour?

VI. Is this coaching intervention equally effective when delivered face-to-face or over the telephone?

VII. Can this coaching intervention encourage sustained change?

3.1 Research Hypotheses

In order to try to answer the research questions, the following hypotheses were tested:

Hypothesis one: There will be a difference in reported parenting behaviour when dealing with unwanted child behaviour between measures taken at Time 1 and Time 2 in the coaching intervention group. In particular, there will be a reduction in laxness, over-reactivity and verbosity reported at Time 2 compared to Time 1 as well as a reduction in the total measure score. In the non-intervention group there will be no difference in parenting behaviour between measures taken at Time 1 and Time 2.

Hypothesis two: There will be a difference in reported parenting skills, self-efficacy, empathy, and the parent-child relationship between measures taken at Time 1 and Time 2 in the coaching intervention group. In particular, there will be an increase in

empathy, feelings of being in control and coping with the pressures of parenting as well as an increase in the total measure score. In the non-intervention group there will be no difference in parenting skills, self-efficacy, empathy, and the parent-child relationship between measures taken at Time 1 and Time 2.

Hypothesis three: There will be a difference in reported feelings of well-being between measures taken at Time 1 and Time 2 in the coaching intervention group. In particular, there will be a reduction in depression, anxiety, and irritability. In the non-intervention group there will be no difference in depression, anxiety, and irritability between measures taken at Time 1 and Time 2.

Hypothesis four: There will be a difference in reported child behaviour problems between measures taken at Time 1 and Time 2 in the coaching intervention group. In particular, there will be fewer conduct problems, lower levels of hyperactivity/inattention, fewer emotional problems, and fewer peer problems, and a lower total difficulties score as well as higher prosocial behaviour reported at Time 2 compared to Time 1. In the non-intervention group there will be no difference in child behaviour problems between measures taken at Time 1 and Time 2.

Hypothesis five: The results for the telephone coaching and the face-to-face coaching groups between measures taken at Time 1 and Time 2 will be similar.

Hypothesis six: The differences specified in hypotheses one to four for the outcomes of the dependent variables will be sustained after six months, at Time 3 for the coaching intervention group when compared with Time 2 and Time 1. In the non-intervention group there will be no difference in the outcomes for the dependent variables at Time 3 compared with Time 2 and Time 1.

A solution-focused, cognitive-behavioural coaching model was chosen for this study as it offers a positive focus and has been well-researched in a variety of fields. The nature

of the model seems suitable as a parenting intervention as it is flexible within a set framework and can be tailored to the needs of the individual receiving the intervention. The recently conducted pilot study of the Australian parenting programme Parents Building Success (Morris, et al. 2019) found evidence which supports the direction taken with the intervention using the PRAISE model.

The development of the PRAISE coaching model is described in the next chapter. The practicalities of using the coaching model are explained and details of how it fits within existing parenting and coaching interventions are given.

Chapter 4. The PRAISE Model

4.1 Overview

In the previous chapters some of the empirical research in the fields of parenting and coaching was examined. Parenting interventions were found to improve feelings of self-efficacy and well-being and to make improvements to children's behaviour. Coaching was also found to improve feelings of self-efficacy and well-being as well as being an instrument which encourages personal change. A gap in published research on coaching being used as a parenting intervention was highlighted in the literature review, and the new PRAISE coaching model is tested in this study to examine whether it is effective for this purpose.

The focus for this thesis is an understudied age-group - children of primary school age - as many research studies have focused on younger, pre-school children (Brenner & Fox, 1998; Gutman, Brown, & Akerman, 2009) or adolescents (Ary, Duncan, Duncan, & Hopsa, 1999; Jaccard & Levitz, 2013; Soenens, Vansteenkiste, Luyckx, & Goossens, 2006). The published papers this researcher found on children within the UK primary school age group of four- to eleven-year-olds were school-related research (Cannella, 1986; Checa & Abundis-Gutierrez, 2017; Flouri, & Buchanan, 2004; Rogers, Hallam, & Shaw, 2008) or for diagnosed conduct problems in that age range (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004; McGilloway et al., 2012).

The findings of the previous chapters are built upon in this chapter, and, resulting from this researcher's many years of experience in delivering a variety of parenting interventions, the PRAISE coaching model to use with parents is presented. A description of how PRAISE evolved as a potential addition to the existing range of non-clinical parent support methods is provided.

A description is given of how the need for a new parenting intervention was determined, and where PRAISE fits within both the field of parenting interventions and the

field of coaching. Details of the theoretical influences on this new PRAISE model are outlined. Different existing coaching acronyms are explained before each letter of the acronym PRAISE is detailed. A step-by-step description of how the coaching model can be used in practice is given with suggestions of possible questions to use at each stage of the coaching process. Finally, a summary of this chapter and focus for the following chapter is provided.

4.2 Parenting Support Models

As described in chapter 1 there are a wide range of parenting support models, some of which are group approaches, some to parents and children, some to families and some to individual parents (Miller, 2010). They mainly use a manual and some include video elements which model parent-child interactions. The programmes follow set topics and need to be delivered exactly how they were written to be most effective. Some parenting programmes are evidence-based and they draw from a variety of theories, including attachment theory, social learning theory and are mainly behaviour oriented (Miller, 2010). Criticism has been voiced by some parents that parenting programmes do not address their particular needs (Butler, Gregg, Calam & Wittkowski, 2020; Smith, 2010). This researcher therefore felt that there was a need for a parenting intervention that could be tailored to each parent's personal needs.

Dropout rates from parenting programmes are fairly high, and in addition to the explanations for attrition rates described in Section 1.2.5.2 of chapter 1, parenting interventions not being at a convenient time for participants has been identified (Kazdin, Holland & Crowley, 1997). PRAISE can be delivered at a time agreed with the participants and therefore should be more convenient to them than a parenting programme. It has been suggested (Spence & Grant, 2007) that the relationship forged between the coach and client as well as the flexibility of one-to-one coaching was rewarding for the client and led to

greater retention. Another explanation could have been due to the type of participant that was recruited to the study and their personal motivation to change. The design of the PRAISE model follows the model of flexible one-to-one coaching that focuses on each participant's personal goals and therefore anticipates high participation and completion rates. The flexible nature of PRAISE is a key element of the design of this new model which will encourage participants to make changes at a pace appropriate to them. The content of each PRAISE session will be tailored to the issues of the participating parent within the PRAISE structure. The parent will be encouraged to set their own goal(s) and agree the actions they will take to achieve it/them with the coach, as recommended by Spence and Grant (2007). This collaborative way of working and deciding on the changes to be made and how to implement them should ensure that the parent will feel that the intervention is relevant to them. It is hoped that this will encourage their active participation and successful completion of the intervention as found by Small, Cooney, and O'Connor (2009).

This thesis seeks to investigate whether working on a one-to-one basis with a parent using a coaching model, where the support can be tailored to the needs and wants of that particular parent as suggested by Ogbu (1981), is effective over time. This may also achieve more positive outcomes and less attrition than other forms of parenting interventions (Friars & Mellor, 2007; Small, Cooney & O'Connor, 2009). This study also includes a non-intervention group for data comparison purposes.

4.3 Improving Parenting Practices

Parental self-efficacy, or how parents think of their capabilities as a parent, was identified by Coleman and Karraker (1997) as an important factor in positive parenting practices. They suggested that improving these feelings of self-efficacy and building parents' confidence in their skills would be important areas on which to focus interventions.

Anxiety is one of the factors measured in this study as anxiety can be a symptom of stress and it has been acknowledged that stress affects parenting (Benzies, Harrison, & Magill-Evans, 2004a; Neece, Green, & Baker, 2012). It has been suggested that a parent's current stress and well-being levels contribute to their responses to their children (Smith, 2010). She also suggested additional factors such as life events, which may affect the interactions between parent and child. A well-being measure is included in this study to examine whether a parent's protective factors are improved following the PRAISE coaching intervention. It has been shown that coaching can be a useful tool in improving coping skills by targeting self-efficacy beliefs (Ebner, Schulte, Soucek, & Kauffeld, 2018). Panchal, Palmer, O'Riordan, & Kelly (2017) identified that well-being is affected by stress and that stress can occur during life stage changes, such as becoming a parent. These authors' findings are therefore relevant to the current research study on parenting.

This researcher felt there was a need for a parenting intervention that would be able to work with the unique issues of each individual parent. From her experience of working with parents, both individually and in groups, for many years, as well as her personal status as a parent and grandparent, the researcher has realised that every parent copes with issues in a different way. Furthermore, when parents seek help with their parenting, they respond best when the intervention works with their values and beliefs system, rather than trying to encourage an approach which seems alien to them. It seemed to the researcher that a one-to-one approach worked best for most of the parents. The researcher also noted that there were common themes in her work with parents: the language parents used towards their child, their positive attitude towards their child, and having more understanding of how their child is feeling, or empathy. The researcher worked with parents to increase these aspects of their parenting and encouraged other workers in her organisation to do the same.

From her experience in practice, the researcher prioritised the need for incorporating coaching techniques successfully into a parenting intervention such as reframing, listening and encouraging parents to formulate new solutions to their issues. This experience, and knowledge of gaps in coaching being used in this way, the idea for a coaching model tailored for working with parents evolved.

4.4 Coaching Approaches and Models

As outlined in chapter 2 many different types of coaching have been identified (Ives, 2008). Several of these types have approaches which were potentially useful as part of a parenting support intervention. A solution-focused approach was selected rather than a problem-solving approach, as solution-focused coaching is concerned with outcomes and is a skill-based approach. The solution-focused coach concentrates on the skills, strengths, expertise, proficiency, and capability of the person being coached (O'Connell & Palmer, 2008), which for this research study is a parent. This tailored approach, incorporated in the PRAISE coaching model, will address the criticism levelled at many parenting programmes that the content and approach do not always meet the needs of the parents who attend them (Butler, Gregg, Calam & Wittkowski, 2020). The new coaching model used in this research study was developed with a positive, forward-looking focus and therefore an integrative coaching model was utilised, incorporating elements from the cognitive-behavioural and coaching psychology approaches with a solution-focus approach. A selection of coaching approaches was presented in Table 2.1.

Within the various coaching approaches there are different coaching models used by coaches. In order to distinguish between these different coaching models, acronyms are often used. Acronyms are usually used for the benefit of the coach, making each step in the process of a coaching model easier to remember and the person being coached is not necessarily aware of the acronym. The PRACTICE model (Palmer, 2007; 2008) is a well-

known solution-focused model and stands for: Problem identification, Realistic, relevant goals, Alternative solutions generated, Consideration of consequences, Target most feasible solution(s), Implementation of the Chosen solution(s), Evaluation. This researcher was familiar with the PRACTICE model when work-based coaching was part of her job, and therefore used the model as a starting point for the PRAISE model. The PRACTICE model has been adopted internationally and the acronym altered to suit the language of the country of use, for example it is called PRAKSIS in Denmark (Spaten, Kyndesen, & Palmer, 2012). The flexible nature of the PRACTICE model was what this researcher aimed to replicate with PRAISE.

New coaching models regularly emerge, and during the course of this research a cognitive behavioural model called CLARITY (Williams & Palmer, 2018) has emerged, which stands for Context, Life event/experience, Actions, Reactions, Imagery and identity, Thoughts (thoughts, beliefs and assumptions), and Your future choices. It has been suggested that the CLARITY model may be useful in the contexts of stress management, health and wellbeing and personal coaching. The authors also recommended that an investigation is undertaken to explore how the CLARITY model could be used within a broader solution-focused coaching framework.

Research has shown that the fusion of cognitive behavioural coaching and solution focused coaching is beneficial to the person being coached (Palmer, Grant, & O'Connell, 2007). It has also been demonstrated that a combined approach can improve both striving towards goals and attaining them, as well as improving a person's satisfaction with life (Grant, 2001). It has been further shown that a combined coaching method improves well-being and hope and that coaching is an approach which can be structured to help non-clinical clients set and reach goals to make changes in their lives (Green, Oades, & Grant, 2006). An integrative coaching model was developed for this thesis with a name which

would be relevant to the target audience of parents and this new coaching model was therefore called PRAISE.

4.5 The PRAISE Coaching Model

It is generally acknowledged that praise or verbal encouragement is a very useful strategy for parents to use with their children (Henderlong & Lepper, 2002; Sutton & Herbert, 2008) although there is not unanimous agreement on this point (Bennett, 1989; Cannella, 1986; Faber and Mazlish, 1995) as it was suggested that praise can be viewed as controlling or demotivational, depending on how the praise is delivered. Most parents are likely to praise their very young child when they accomplish a new skill such as taking their first steps or saying their first word, and this praising often reduces as children get older because parents do not praise children for what they expect them to be able to do. Adults are more unused to receiving praise and are often embarrassed by it (Bennett, 1989). PRAISE as an acronym for this research model therefore evolved from the premise that, used in the correct, motivational way, as positive feedback (Bennett, 1989) praise is a positive parenting skill which will reinforce the behaviour that the parent wants to see from their child.

PRAISE is a six-step coaching model that was inspired by the widely known and used PRACTICE coaching model (Palmer, 2007). This new coaching model also mirrors Palmer's (2011) revisiting of the P in PRACTICE by having a second meaning to the P in PRAISE following the first session. From the second session onwards, the P additionally stands for *progress* made by the parent since the previous session. PRAISE has its roots in behavioural and cognitive theory and this thesis explores whether the PRAISE model can facilitate positive changes in parents' behaviour with this approach. Cognitive behavioural coaching has been called CBT for a non-clinical population (Neenan & Palmer, 2001). Cognitive behavioural coaching is an integrated approach which utilises theoretical concepts

and strategies from cognitive behaviour, rational emotive behaviour, problem and solution-focused approaches, goal setting theory, and social cognitive theory (Palmer & Szymanska, 2008). PRAISE is an integrative model, although it is primarily a solution-focused coaching model, which includes elements of cognitive-behavioural coaching andbrief therapy as well as change theory (see Table 4.2). Change theory is an important underlying theory in the field of coaching as people take part in a coaching intervention because they want to make changes in their lives to achieve certain goals (Neenan and Palmer, 2012).

Coaching has been called a successful mechanism for change, and six steps in the coaching process have been identified which describe the cycle of self-regulated change (Grant, Cavanagh, Parker, & Passmore, 2010). The PRAISE framework incorporates solution-seeking methods based on solution-focused practice (Jackson & McKergow, 2007; O'Connell & Palmer, 2008) and a comparison of this framework has been made with the identified six steps in Table 4.1.

Table 4.1

Six Step Coaching Process Compared with the PRAISE Coaching Model

Coaching process six steps proposed by Grant, Cavanagh, Parker, & Passmore, 2010	PRAISE coaching model
Identify desired outcomes.	Particular issue identified Imagine outcome
Establish specific goals.	Relevant realistic goal(s) set
Enhance motivation by identifying strengths and building self-efficacy.	PRAISE model
Identify resources and formulate specific action plans.	Relevant realistic goal(s) set Alternative solutions discussed Solution chosen and next steps agreed
Monitor and evaluate progress towards goals, and	Progress made towards goals (from session 2 onwards)
Modify action plans on the basis of feedback.	Alternative solutions discussed Solution chosen and next steps agreed

The step in Grant et al.'s model (2010) of enhancing motivation by identifying strengths and building self-efficacy is included in the PRAISE model partly through the

measures completed by the participants and partly through conversations during the coaching sessions. It could be said that aim of the use of the PRAISE model is to build self-efficacy.

The final step of many coaching models incorporates elements of evaluation, however ongoing feedback and evaluation are essential elements in the coaching process (O'Connell, Palmer, & Williams, 2012) and were therefore not explicitly included in the PRAISE acronym. The conversation about progress made between sessions encouraged participant self-reflection and provided the opportunity for evaluation. Empathy was identified in the previous chapter as necessary for a positive parent-child relationship and for good child behaviour. Empathy has not previously been a separate element and focus in parenting interventions but is integral to the coaching process (Tschannen-Moran, 2010). The participants in this research study were unaware of what the initials in the acronym PRAISE represented, but the coach used the model as a framework for each coaching session with a parent.

PRAISE is an integrative model but is primarily a solution-focused model. It has been said that the solution-focused approach is light on theory as its approach is to work with the existing problem-solving strategies of the person being coached and within their personal goals and values (O'Connell, Palmer & Williams, 2012). However, there are relevant psychological theories underpinning the development of the six steps of the PRAISE model. Table 4.2 shows the relevant psychological theories.

Table 4.2

The Theoretical Roots of the PRAISE Model

Acronym PRAISE	Theoretical Root
PRAISE model	Self-determination theory (Ryan & Deci, 2008)
Particular issue identified: what the parent would like to change After first session **P**rogress made by parent since previous session	Cognitive-behavioural theory (Beck, 1995; Ellis, 1991) Solution-focused Brief Therapy (SFBT) (de Shazer et al. 1986)
Relevant, realistic goals set	Social cognitive theory (Bandura, 1977) Self-determination theory (Ryan & Deci, 2008) Cognitive-behavioural theory (Ellis, 1991)
Alternative solutions discussed	Cognitive-behavioural theory (Ellis, 1991) Developmental theories (Piaget, 1952)
Imagine outcome when goal is reached	Cognitive and humanistic theories (Rogers, 1951)
Solution chosen and how to put it into practice agreed	Behavioural theory (Skinner, 1974) Solution-focused Brief Therapy (SFBT) (de Shazer et al. 1986) Change theory (Watzlawick, Weakland & Fisch, 1974) Experiential learning (Kolb, 1984) Cognitive-behavioural theory (Ellis, 1991)
Empathy: encourage parental empathy	Psychosocial development (Erickson) Neuro-Linguistic Programming (NLP) (Bandler & Grinder, 1982) Self-determination theory (Ryan & Deci, 2008)

The overarching theory for the PRAISE model is self-determination theory (SDT) (Ryan & Deci, 2008). Within this theory it is argued that people have three basic psychological needs which are: competence (feeling capable of carrying out actions), autonomy (the need to feel in control), and relatedness (the need for emotional links with others). With the use of the PRAISE model the aim is to increase parents' competence by encouraging improved self-efficacy. It is hoped that parental feelings of autonomy will increase through the process of working in a person-centred way with parents when considering solutions to their problems and by including parents in the decision-making process when deciding on their strategies and actions they will take to achieve their solutions. Relatedness is also addressed with the PRAISE model as relatedness is intrinsically related to the development of empathy and the need for parents to relate to their child's

feelings and emotions. The SDT approach encourages the taking of another person's perspective, supporting choice, and minimising control which should encourage empathic feelings (Ryan & Deci, 2008). It has been found that when these psychological needs are satisfied, people's well-being is good (Ryan & Deci, 2008). This therapeutic approach has been effective in health fields such as smoking cessation and has been shown to achieve positive sustained results (Williams et al., 2006).

In this thesis, the coach will assume that parents already have certain parenting skills and behaviours. Following a solution-focused brief therapy model the PRAISE coaching framework will prompt parents to make small changes to their parenting behaviours by using questions rather than an instructional approach.

A solution-focused coaching model is particularly relevant for parents because most parents know the behaviour they want from their children and so have goals in mind. People do not always know how to reach their goals, or will continue to try an approach that has historically not worked because they cannot think of what else to do (O'Connell & Palmer, 2008). Coaching sessions using the PRAISE coaching model will encourage parents to discover alternative solutions to their issues.

The PRAISE model also has elements of a cognitive-behavioural coaching approach which suggests that the way an event is thought about and talked about can make it into a problem (Williams, Edgerton, & Palmer, 2010). By encouraging the parent to have more empathy with their child, the steps taken with the PRAISE model will encourage a cycle of more positive thoughts, feelings and behaviour (Beck, 1995). The cognitive behavioural approach has been used with clinical and non-clinical populations and is called cognitive behavioural coaching when used with a non-clinical population (Neenan & Palmer, 2001). The cognitive coaching approach has been applied successfully to people suffering from stress (Ellis, Gordon, Neenan, and Palmer, 1997) and it has been suggested that it can

increase psychological resilience, and enhance well-being (Palmer & Szymanska, 2008). This could have relevance in the field of parenting as many parents find the job of parenting stressful, and it has been suggested that lowering a parent's stress levels could reduce their child's behaviour problems (Neece, Green, & Baker, 2012). Coaching using PRAISE will give parents the opportunity to reflect on how they interact with their children, and the opportunity to restructure their thoughts about their children's behaviour, which may lead to them enjoying their parenting role more.

Coaching is generally described as a facilitating rather than an instructing approach and many coaching approaches have developed from humanistic psychology (Palmer & Whybrow, 2008). A coaching intervention is generally client-led with the coach taking their lead from the person being coached. Although many parents are dealing with very similar issues with their child, every individual parent has their own tolerance to a situation and their own instinctive way of dealing with issues. Coaching with the PRAISE model would investigate these responses and work with the parent to find more effective ways of dealing with their child's issues, and this intervention will therefore work in a very client-centred way (Rogers, 1951). A client-centred coach has an empathic approach in their coaching and tries to see issues from their client's point of view. This approach relies on a good relationship between the coach and the client and is usually non-directive. However, a person-centred coach can offer suggestions where he or she feels that they have useful information for the person being coached which that person does not have (Joseph, 2010).

PRAISE also has elements which link to the field of positive psychology, which has a strengths focus (Linley & Harrington, 2005). The premise that parents are generally intrinsically motivated to develop into the best parent they can be is assumed in this study. As part of the coaching intervention, the coach will discover the participants' existing parenting skills and strengths through questionnaires completed before the start of the

coaching sessions and in conversations between the coach and the parent during the intervention. These strengths and skills will be the starting point for the coaching intervention. By encouraging the parents to think about what they have tried before that has worked, or to understand that they could apply an approach they use in one particular area to a different issue, the aim is that parents will make use of the skills and tools they already possess. This, in turn, may boost their confidence in their own abilities.

The PRAISE model has integrated elements from within the genres of performance coaching and developmental coaching identified by Hall and Duval (Tschannen-Moran, 2010). Skills and performance coaching (SPC) has a strengths-building focus, expanding on what people are already doing well. This approach encourages the person being coached to notice when they do something well and imagine doing it more often. SPC also encourages increased self-efficacy by encouraging the person being coached to acknowledge and celebrate success. Using the PRAISE model, the coach will use questions to encourage the parent to talk about what has gone well since the last session and to acknowledge that they are doing well (see Table 4.3). This will improve their feelings of self-efficacy. Empathy also has a role in skills and performance coaching. Tschannen-Moran (2010) suggested that empathy from oneself or from others minimises any negative or judgmental thoughts held by the person being coached.

4.6 The Practicalities of Using the PRAISE Model

The following sections set out in detail the steps involved in using the PRAISE coaching model as a parenting support intervention and this is more fully described in practice in the case study in Chapter 8.

In the introduction to their book, Stober and Grant (2006) identified common themes within different coaching definitions. These include a collaborative relationship, a focus on solutions, collaborative goal setting, and the coach not needing vast amounts of domain-

specific knowledge in the field in which they are coaching. They suggested that asking the right questions is more important than giving advice, and it is these themes that are incorporated into the PRAISE model. However, as detailed in Section 2.3, there is a difference of opinion in the literature about the dichotomy of coaching that gives advice and coaching that does not (Parsloe, 1995; Parsloe & Wray, 2000).

Although experience of coaching is most important in delivering a parenting intervention using the PRAISE model, from experience, this researcher feels that it has been helpful to be a parent when coaching parents. It is sometimes useful for a coach to give a personal example to the person being coached as a measure of authenticity. There does also often come a point where a parent cannot think of how to tackle an issue and it is very difficult to refrain from advice giving. In that situation the coach can say something like "some people have found it useful to do x, y or z" and this may trigger the stuck parent to think of something different they can try. Socratic questioning is a useful element of coaching in order to encourage the participant to develop positive solution finding thoughts. Examples of questions that could be used when delivering a parenting intervention using the PRAISE model are set out in Table 4.3.

Table 4.3

Possible Coaching Questions for the PRAISE Model Steps

Acronym PRAISE	Suitable coaching questions
Particular issue identified: what the parent would like to change and/or	What do you want to work on? What do you want to change/achieve? Are there times when this is not an issue?
Progress made (subsequent sessions after session 1)	Tell me about the good parts of your week. What have you done differently? What has worked well? What can you do more of?
Relevant, realistic goals: what the parent specifically wants to achieve	What, specifically do you want to achieve? What is stopping you from achieving it? Are you expecting perfection?
Alternative solutions: what all the parent's options are	What have you tried before that worked? Can you use that with this situation? If you could do anything, what would you do? What are your options?
Imagine outcome: think about how useful each option is in relation to the parent's goal(s) and imagine the outcome	What would you really like to do? What will it look/feel like when you have achieved your goal? What could happen?
Solution chosen: parent chooses most practicable option, discusses how to break it down into manageable steps and agrees to implement the option before the next coaching session.	What personal strengths do you bring to this? What are you actually going to do? How confident are you that you can do this?
Empathy: encouraging the parent to view issues from the child's point of view.	What does it look like from your child's point of view? How would you feel in a similar situation? Are you taking things too personally? How can you show your child that you are really listening to them? How can you show your child that you understand how they are feeling? How do you feel when x happens?

4.6.1. The relationship between coach and parent.

This parenting intervention will take place within the framework of a respectful and collaborative relationship (O'Connell & Palmer, 2008, Starr, 2011) in which the parent is acknowledged as the expert regarding their child, and the person who is living and dealing with any behavioural issues with their child. The researcher's role (and subsequently, the

coach's role) will not be to offer solutions or give advice, but rather to be more of a facilitator who will guide the parent using supportive questions and reflection to access their own pool of strengths and skills to find those relevant to their current issues. This therapeutic relationship has been well-researched and tested and acknowledged as extremely important for therapy to be successful (Howarth & Symonds, 1991; O'Connell, Palmer & Williams, 2012; Rogers, 2012). A collaborative relationship has been identified as a key factor in the effectiveness of coaching interventions (O'Broin & Palmer, 2006) and, using the PRAISE model, the researcher aims to build a fully collaborative relationship with each parent participating in the coaching group of this research study. Non-evaluative, positive feedback is included in many coaching interventions, and is a fundamental element of the solution-focused coaching model as are open-ended questions, both of which are incorporated into the new PRAISE coaching model.

The coach needs to be an intent listener, able to keep a parent on track, adept at reflecting back a parent's competency to the parent and good at summarising the parent's unique set of skills back to them (Bresser & Wilson, 2006; O'Connell et al., 2012). The aim is to boost a parent's confidence in their own abilities and increase their self-efficacy. One way of doing this is to help the parent identify and acknowledge their strengths. By working to their strengths, the parent's feelings of well-being should increase (Govindji & Linley, 2007). The coach will also demonstrate empathy with the parent during the coaching sessions. This shows positive regard and builds trust in the coach-parent relationship (Stober, 2006). The researcher hoped to build a good coaching alliance with the coaching participants. In order to mitigate the extent to which the coaching alliance might play a part in the findings, she will make it clear to the participants that they should be as honest as possible both about the outcomes and about their feedback of how they had experienced the intervention.

4.6.2 Skills and strategies.

Pre-coaching.

Following the recommendations of Starr (2011), before the first coaching session, there will be a conversation in which the coach will give an overview about the coaching process to the parent. This will include a description of what the parent can expect from the coach and vice versa. It will set out what coaching is not so that the parent can decide whether they wish to continue with coaching. One challenge with a coaching model for parenting support would be where the parent has the expectation that the coach will solve his or her problems and suggest solutions. It is very important at the outset for the coach to set out what will and will not happen during the coaching intervention using the PRAISE model. The parent will then be asked to complete a set of questionnaires which will give a good indication of the parents' perceptions of their child's behaviour, their parenting behaviours, parenting skills and self-efficacy, the parent-child relationship and an insight into their current well-being. It is extremely helpful to the coach to gain an insight into these aspects of the parent seeking coaching. In addition, if the questionnaire results showed severe depression, for example, coaching might not be the best intervention for that parent, as the motivation to change might not be present, and an alternative therapy would be suggested to the parent instead.

The questionnaires might also highlight the parent's parenting values such as being patient or listening to their child. Insights into a parent's personal beliefs are useful for a coach to know so that the intervention can be tailored to incorporate any positive beliefs. These insights can be gained in 'problem-free talk' as described below. The importance of beliefs as described by Watzlawick, Weakland, and Fisch (1974) was considered fundamental to change and are therefore important to this research study.

Contracting.

At the first coaching session the coach will agree a verbal contract with the parent to clarify their role and that of the coach in the coaching process (O'Connell et al., 2012). This includes the following topics:

- Change commitment by the parent to identify areas where change is wanted, as well as a commitment by the parent to take the steps agreed with the coach to achieve the changes. The coaching participant needs to take responsibility for taking these steps.
- Confidentiality: parents will be informed that what is said during the coaching sessions remains confidential unless there was a risk of harm to the parent or others or unless the parent subsequently requests otherwise. This should mean that coaching participants feel able to be open and honest during the coaching intervention.
- Building on success: the coaching intervention will focus on the parent's successes.
- Feedback: the coach will agree to give verbal feedback to the parent at the end of each session and will tell the parent that their session feedback will also be requested. Participants are also reminded that they will be asked to complete a second set of questionnaires at the end of the coaching intervention.
- Time: as there is a commitment from the parent to participate in the coaching sessions, in the verbal contract the researcher will agree to keep to time, both in making the phone call or arriving for the face-to-face session on time, and also in not overrunning on the maximum of sixty minutes for each session. Some parents may want a text reminder about their session the day before,

and the coach can agree this with each parent within the verbal contract. A day and time that is convenient for both the coach and the parent will be agreed, with the proviso that this can be altered, if circumstances make the agreed time and day inconvenient for either party.

Problem-free talk.

At the first coaching session, the coach will be in possession of the data from the questionnaires and will be able to check their interpretation of the information he or she has learned from the measures in a conversation with the parent. The parent will also have the opportunity to talk about themselves and their interests as well as being asked about the positive attributes of their child, without reference to their parenting issues. These conversations can reveal helpful information for the coach which can highlight some strengths, values and qualities which will help the parent in creating solutions (O'Connell, Palmer, & Williams, 2012; O'Connell, & Palmer, 2008).

Building on exceptions.

The focus of this coaching model will be on positives, with the aim of building on what has gone well for the parent participant. By exploring a parent's perceived successful days with them through the use of judicious questions (see Table 2.3), the coach can encourage the parent to unpick what they did that worked for them, and explore whether the parent will be able to replicate what they did in the future (Greene & Grant, 2003; O'Connell & Palmer, 2008). This is the solution-focused brief therapy (SFBT) principle of 'if it works keep doing it' (De Shazer et al., 1986). Compliments, or praise from the coach to the parent may be given during the parent's feedback to the coach about what has gone well. This can be reiterated during the session feedback as described further in this chapter section. This praise from the coach is a good way to model how it feels for the parent to

receive praise and enables them to put themselves in their child's shoes in similar situations. It can also motivate the parent to be persistent and consistent in their actions.

Scaling.

The coach will use a scale of zero to ten with the participants in the coaching group, to help them quantify and evaluate their progress on a regular basis during the coaching intervention, once work towards a goal has been started. This could be at each session, where appropriate (Cavanagh & Grant, 2010; Greene, & Grant, 2003). This is a technique often used in cognitive-behavioural therapy (Beck, 1995; Beck, Rush, Shaw, & Emery, 1979) and also in solution-focused brief therapy (de Shazer et al., 1986), and can be an effective tool for the coach because it switches the focus of the conversation from emotions to numbers. Scaling can be used in several different ways within the PRAISE model. A parent could be asked to rate on a scale of 0 to 10 how near they feel they are to reaching their goal, or they could rate their perception of their child's current behaviour, or how confident they feel in their own abilities, for example. Depending on the rating, the coach can ask the parent about what needs to happen to enable them to move up the scale. A positive scaling does not necessarily need to be an increased score. When the score stays the same and has not diminished this can also be seen as a positive outcome. In this case, the coach would clarify whether the parent is happy to have stayed at the same point and not given themselves a lower score. On an occasion where the parent might score themselves going down the scale, the coach could ask about what might have happened to cause this lowering of the score and also ask what the parent thinks they need to do in order to stop going further down the scale or to start increasing the score (Greene & Grant, 2003; O'Connell, Palmer, & Williams, 2012). It is the coach's job to ask questions to facilitate the parent's reflection and possible solution finding (Table 4.3).

Reframing.

Reframing is looking at a situation or issue from a different perspective (Greene & Grant, 2003; O'Connell, Palmer, & Williams, 2012). Language is used to reinterpret a situation, for example changing 'impulsive' to 'spontaneous' which brings a different, more positive outlook to this behaviour trait. Using reframing, a parent can change the meaning they give to an event, not necessarily changing the event itself, which can lead them to a more positive way of dealing with an issue and create a context for change (Bandler & Grinder, 1981; Dallos & Draper, 2005).

Between session tasks.

During each session, the use of solution-focused questions will collaboratively generate a few possible actions that the parent can take before the next coaching session (O'Connell, Palmer, & Williams, 2012). These actions may include any of the following provisos:

- If it works, keep doing it
- If it doesn't work, stop doing it and try something else
- Stop and try a different reaction
- One small step at a time will lead to progress

Where there are several suggested actions that the parent is willing to take for one issue, the coach will agree the order of these actions with the parent, in other words, what the parent will do first. The actions could be broken down into smaller steps, for example if the action was making a change to a routine, the parent might agree to make that change on three or four days of the week because they do not think the change would be accepted straightaway by their child for all seven days of the week. Having tasks to complete between sessions will give the parent focus and will put them in charge of changing their situation. The flexibility of what the tasks are is the basis of this person-centred coaching

model. The tasks could be used to break a pattern of behaviour and be very simple, small and easy for the parent to do (Berg & Szabo, 2005).

Feedback.

At the end of each coaching session, the coach will give feedback to the parent in addition to the feedback given during the session (O'Connell, Palmer, & Williams, 2012; Rogers, 2012). This will recap the session, picking out positives from during the session as well as outlining the parent's positive achievements towards their goal(s) up to that point. It could include a summary of the progress made since the start of the coaching sessions and agreement on the actions the parent has agreed to take before the next session, that is the between session tasks (O'Connell et al., 2012; Rogers, 2012). In this study, parents will be encouraged to make their own notes of the agreed tasks so that they have a written reminder of what they have agreed to do framed in their own words. Participants will also be asked for their verbal feedback to clarify that the session covered the area on which they wanted to focus and to check that they are happy with their agreed actions.

4.7 Summary

In this chapter different coaching approaches and models were summarised to explain the theoretical influences on this new PRAISE coaching model. There was a focus on solution-focused brief therapy. Different coaching acronyms were described followed by a description of the details of the acronym PRAISE. The flexible and person-centred nature of the PRAISE coaching model was described and the way it can be tailored to each participant was explained. A step-by-step description of how the coaching model can be used in practice was given, including examples of possible questions that could be used at each stage of the coaching process.

The coaching literature explored in Chapter 2 found very little research on coaching applied to the field of parenting. Coaching has been used to improve family and marital

relationships but not to improve parent-child relationships or the effectiveness of a parent's skills. This thesis using a solution-focused model tailored to use with parents aims to fill this gap in the literature by examining whether a coaching approach is an effective method of supporting parents who are struggling to deal with their child's behaviour and their relationship with their child.

The next chapter is the Methods chapter and contains a description of participant recruitment to the study and the study design. The measures used in the research are described in detail, linking them to the hypotheses of this study. The chapter goes on to include a description of the procedure followed to carry out the research including details of the forms compiled and used in the study. How the two groups of participants participated in the study is detailed, before the data analysis methods used are described. Details of evaluative feedback from the participants in the coaching group are given and finally, the follow-up element of the study is briefly described.

Chapter 5. Methods

5.1 Overview

The new PRAISE coaching model employed in this research was described in the previous chapter, and an outline of the theoretical roots of the model was given.

This chapter is divided into several sections which focus on the design of the study and the methods used to test the research questions and hypotheses. The sections include an overview of the participant demographics, descriptions and psychometric properties of the measures used, the data collection procedures, and data analysis information.

5.2 Participants

This was a quasi-experimental intervention study in which participants with children within the primary school age-range were recruited. Participants were 112 females with children aged between four-years-old and eleven-years-old. The parents ranged in age from 24-49 years (M=35.71, *SD*=5.59) with 93% self-identifying as White British or White, and just under 1% as each of the following: Other, British Asian, German, Eastern European, Greek, Hispanic, and British born Chinese. Participants were recruited from primary schools, a magazine aimed at families, and online. Those recruited online were invited to participate through a number of sources. Several on-line parent social media groups were contacted, and permission gained to post information about the study on the sites in order to recruit participants for the study. These groups were: East Riding Mums, MumsNet, York Mumbler, Attachment Parenting UK, Green Parent, Selby, Tadcaster & Goole Mumbler, Advice for Parents UK, Imperfect Parents Advice & Chat Group, Mum's Chat & Advice, Little One's parent page, Parenting, Practically Perfect Parents, and My Children Mean Everything to Me.

As described in Chapter 6, the descriptive characteristics of the coaching group and non-intervention group were compared to determine whether the groups were equally

matched for demographics. As shown in Table 6.1, at baseline (Time 1) there were no significant differences between the two groups in any of the demographic characteristics: marital status, mean age of the participating parent, the child or the participants' partners; education, housing or employment status of either the participants or their partners.

5.2.2 Inclusion and exclusion criteria.

Inclusion criteria.

The following inclusion criteria applied to the study:

1. Mother or father of a child of primary school age (between four- and eleven-years-old).
2. Parent needs to be living with the child.

Exclusion criteria.

The following exclusion criteria applied:

1. Individuals whose children were already receiving an intervention pertinent to their behaviour difficulties, either clinical or non-clinical.
2. Individuals having ongoing treatment for clinical depression.

5.2.3 Sample selection.

Initially, twenty-three participants responded to the invitation to take part in the study, recruited from two primary schools and a local family magazine which appeared both in print and online formats. These parents were asked to choose the child whose behaviour concerned them most to be the child for whom they would complete the measures and receive the intervention. Six parents declined and a further seven withdrew from the study, so the final sample size at this initial stage was ten parents, four of whom chose to receive coaching face-to-face and six of whom chose to receive coaching over the telephone. Once these ten participants had received their ten coaching sessions, a further sample was recruited. The decision had been made to recruit to both the coaching group and the non-

intervention group, and two different options were given on the participant information sheet. A total of 156 links to the questionnaires were sent out on request of interested participants, from which 102 completed questionnaires were received (65%). Of those 102 returned questionnaires, 18 were for the opted into coaching group, which was a response rate of 18%, and 84 completed questionnaires were received for the opted into non-intervention group, which was a response rate of 82%. This gave a total number of 112 participants in the study, including the ten coaching participants from the initial recruitment phase. The final number of participants who completed questionnaires at Time 1 and Time 2 (baseline and post-intervention/ten-weeks after the first set for the non-intervention group) was fifty-eight, which was a response rate of 52% of the 112 respondents. There were twenty-three (40% of the 58) in the coaching group, and 35 (60% of the 58) in the non-intervention group. An incentive of a prize of £50 was offered to the non-intervention group participants on completion of all sets of questionnaires for the study. This would be determined by a random draw from those participants who completed the three sets of measures. Figure 6.1 shows the flow of participants through each stage of the study. A G power a priori test found that, for a case-control design analysed using t tests (power=0.95, $p<.05$), the smallest sample size would be 70 (35 in each group). Coaching is a time intensive intervention, and studies have found effects with as few as 20 participants in each condition (Spence and Grant, 2007). Therefore, it was decided that a sample of 20-35 in each condition was acceptable.

Data from the participants in both groups (n=112) were collected in two ways: initially via hardcopy versions of the measure and subsequently via online versions. This was due to consideration about increasing the anonymity of the non-intervention participants. These participants needed to provide an email address so that subsequent measures could be sent to them, but they did not have to provide their name, address, or the

names of their partners or child. They were, however, asked to provide their date of birth and that of their partner and child.

5.3 Design

The hypotheses of this study, presented in Chapter 3, guided the selection of variables which would be measured in this study. The dependent variables which would be measured using the selected measures (detailed in section 5.4) were parenting behaviour, (measured with the Parenting Scale) parental self-efficacy (measured with the TOPSE), parental well-being (measured with the Adult Well-Being Scale) and child behaviour (measured with the SDQ). The independent variables were the two group conditions: the coaching intervention group and the non-intervention group.

This was a controlled before-and-after study with a non-randomised design. A non-randomised design was chosen for several reasons, but most importantly because it has been found that the therapeutic alliance/coaching alliance is very important for successful outcomes following an intervention (Howarth & Symonds, 1991; O'Connell, Palmer & Williams, 2012). To aid the therapeutic alliance it has been argued that participants need to actively participate in an intervention, and willingly choosing to take part in an intervention will encourage this active participation (Heijmans, Lieshout, & Wensing, 2015). It has also been argued that randomly allocating participants to groups may reduce the effectiveness of an intervention (Clark et al., 2008; McPherson & Britton, 2001; West, et al., 2008). A further reason for allowing participants to self-allocate into the intervention groups was the result of an ethical dilemma for the researcher. If parents needed support with their parenting and were randomly allocated into a waiting group, there would have been a gap of nearly nine months before the PRAISE intervention was offered (ten weeks of intervention plus six months after that for Time 3 measures). This delay could have allowed the problems they were experiencing to have worsened, and when there is a problem, people

generally want more immediate support. The non-intervention group were given the option of receiving the intervention at a later date but were not actively offered this after ten weeks, when they completed the second set of questionnaires. The justification for this was to enable the researcher to collect follow-up data from the non-intervention group to allow for comparison to be made with the coaching group. The coaching was provided free of charge for the purposes of this study. The flow of participants through the study is shown in Figure 6.1.

A comparison of the performance of a randomised versus a non-randomised study design was made by Raiijmakers et al. (2008). They compared the quality of matching key characteristics between an intervention and control group with the quality expected from a randomised study. Their conclusion was that where a randomised study is not feasible, matching the characteristics of the participants in each group may be a viable alternative. It was important in this study to make sure that there were no significant differences between the two groups in order to make meaningful comparisons between and within the collected data.

This study followed the guidelines suggested by Axelrod and Hayward (2006) for a non-randomised design such as using concurrent controls by establishing inclusion and exclusion criteria that were applied equally to both groups of participants, and by collecting a comprehensive data set. The demographic characteristics of the coaching and non-intervention groups were analysed for differences at baseline, as selection bias could have been a threat to the internal validity of the study. Measures were completed before and after the intervention in the coaching group that received the intervention and at two time points ten weeks apart in the non-intervention group. These measures allowed the researcher to judge the comparability of the two groups and were used to statistically adjust for measured differences between the groups. Between group analysis was conducted and observed

differences were presumed to be due to the intervention. A follow-up element was also included in the study design, with a third set of measures completed by all participants six months after the second set of measures. This data was analysed to determine whether the effects of the intervention were sustained over time, in addition to making a comparison between the intervention and non-intervention groups.

Within the coaching group the mode of delivery was agreed with each participant. The rationale for this decision was based on the fundamental principles of coaching, because effective coaching needs, amongst other things, a co-operative relationship between the coach and participant (Stober & Grant, 2006). A study was conducted to measure participation rates of individuals who were given the choice of how they participated in the study (Heijmans, Lieshout, & Wensing, 2015). They determined a significant difference of 13% in the participation rate between the participants who could choose how they participated and those who were not given a choice. West et al. (2008) wrote an article on alternatives to the randomised control trial and acknowledged that people's preferences can have an impact on the effectiveness of their treatment, or on their attrition. According to the findings of West et al. (2008) it was expected that giving the participating parents some control in the current study, by giving them the choice on the mode of delivery of the intervention, would boost their self-efficacy and their continued participation.

This study was designed in the manner of a brief therapy intervention, taking inspiration from the family therapy work conducted by De Shazer et al. (1986). Each participant had a maximum of ten coaching sessions, each of which lasted up to an hour. This means that PRAISE can be classified as a brief intervention according to Tully and Hunt (2016). Brief interventions have been found to be effective (Berg & Szabo, 2005; Tully & Hunt, 2016) and the recently devised Family Life Coaching framework and model is designed to take place over three coaching sessions (Allen, 2016, p. 106). The content of

each session was tailored to the individual need of the participant and followed the PRAISE model described in Chapter 4. Each session topic was determined by the participant according to their need. Specifically, this study was designed to examine whether coaching is an effective method of providing support to parents by assessing the effect of this new coaching model on the following variables: parents' perceptions of their child's behaviour, patterns of interaction between parent and child, parenting skills, parenting self-efficacy, the parent-child relationship, and the parents' feelings of well-being. The thesis hypotheses were presented in Chapter 3.

5.4 Measures

Research for this study was a between participants design in which data was collected through participant-completed questionnaires. To evaluate the efficacy of the coaching intervention vs the non-intervention group, Time 1 and Time 2 measures were used to look at the variables mentioned at the end of the previous section. Measures were chosen for this research which had been tested for validity and were widely used in previous research. The scales were completed by the parents and therefore reflected their perceptions of the factors being measured. Prior to the first session for each coaching participant the researcher had examined the data provided in the set of measures. This gave the researcher an idea of each parent's parenting style and behaviours before they told the researcher about their parenting issues. The researcher did not share the results from the questionnaires with the coaching group participants, either pre-intervention or post. The scores were not relevant for the parents to know or whether they showed a measured improvement. The importance of the intervention for each participant was that they felt they was coping more effectively as a parent and were more confident in their parenting skills

Two of the scales used were from the Family Assessment Pack of Questionnaires and Scales (Cox & Bentovim, 2000) put together by the Department of Health to support the

gathering of information and assessments using the Assessment Framework in England, predominantly for use by social workers. These were the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) and the Adult Well-Being Scale (Snaith, Constantopoulos, Jardine, & McGuffin, 1978) which had been renamed from its original title of the Irritability, Depression, and Anxiety Scale (IDA) when it was included in this Family Assessment Pack of Questionnaires and Scales. The two other measures used were the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) and the Tool to Measure Parenting Self-Efficacy (TOPSE) (Kendall & Bloomfield, 2005). The Parenting Scale was chosen because it measured the parenting behaviours of parents towards their children when dealing with unwanted behaviour, and it has been used in other research on parenting programmes (Palmer, 2015). TOPSE (Kendall & Bloomfield, 2005) is a measure designed specifically to measure differences before and after a parenting intervention in a number of parenting areas, and this was therefore apt for this study. TOPSE has been used in previous research on universal parenting programmes (Enebrink et al., 2015; Gardner & Woolgar, 2018). The reliability and internal consistency of each measure used in the study and each measure's subscales was determined by the Cronbach's alpha coefficient. A Cronbach's alpha score can range from 0 (completely unreliable) to 1 (perfectly reliable) and the minimum alpha coefficient considered to be adequate is 0.7 (Nunnally & Bernstein, 1994). They recommended a Cronbach's alpha of at least 0.7 for screening instruments intended for use in groups and individuals.

5.4.1 Parenting behaviours.

The Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) was designed to measure dysfunctional or counterproductive discipline practices in parents of young children and provides an overview of a parent's parenting style from their responses. The Parenting Scale was selected as a measure for the parenting behaviour variable in this study to gain

insights into the participants' style of dealing with problem behaviour in their children. This scale has been used in research, particularly in studies investigating how parenting stress affects parenting behaviour (Beckerman, van Berkel, Mesman, & Alink, 2017; Guajardo, Snyder, & Petersen, 2009).

This self-report scale is a 30-item measure which poses simple hypothetical questions to the person completing the scale to see how they would react to their child's behaviour problems. The scale measures the use of three potentially ineffective parenting practices through three subscales: laxness, over-reactivity, and verbosity, which are described in more detail below. The scale takes five to ten minutes to complete. The original version of the scale was used in this study and is a 7-point Likert-scale which gives an overall score as well as subscale totals. The ratings are anchored by an effective and an ineffective discipline strategy. Some items are reverse coded and overall a score of 1 indicates effective discipline while 7 indicates ineffective discipline. An example of ineffective discipline is paired with its effective counterpart to form the anchors for the scale. For example, the mistake anchor of one item is *When my child misbehaves, I raise my voice or yell,* and its effective counterpart is *I speak to my child calmly.* The items are divided into three subscales which correspond to different styles of parenting. The Laxness subscale includes 11 items related to permissive discipline where parents give in, do not enforce rules, are inconsistent or positively reinforce misbehaviour. The Over-reactivity subscale has 10 items reflecting behaviours such as displays of anger, meanness, irritability, pickiness, harsh or punitive actions from a parent, and also how much a parent lets issues escalate into arguments with their child. The Verbosity subscale comprises 7 items reflecting lengthy verbal responses and a parental reliance on talking, even when it is proving ineffective. One of the items from each of the Laxness subscale and the Over-reactivity subscale are included in the Verbosity subscale as well. This is because these

items loaded above .35 on the verbosity score (Arnold et al., 1993). There are also four 'no factor' questions, the answers to which contribute to a total scale score but are not related to any of the three subscales. The subscale means are calculated by dividing the total of each subscale by the number of items within the subscale. The mean of the total scale score is calculated by dividing the total score by thirty. There are recommended clinical cut-off factor scores for mothers which are: Laxness 3.2, Over-reactivity 3.1, Verbosity 4.1 and Total Score 3.2. The number of participants who scored above the clinical cut-off scores were noted at the pre- and post-intervention time periods but not used to trigger referrals to other services. Both the total score and the subscale scores were examined during data analysis.

5.4.1.1 Consistency and reliability.

Arnold, O'Leary, Wolff, and Acker (1993) reported internal consistency coefficient alphas for the factor and total scores as: Laxness, 0.83, Over-reactivity, 0.82, Verbosity, 0.63, and Total, 0.84. They also reported test-retest reliability of the scale, with the strongest validity data for the laxness and over-reactivity subscales and the Parenting Scale total scores. In this study, when tests were conducted on all participants who completed Time 1 measures (n=112), the Cronbach alpha coefficients were: Laxness, 0.76; Over-reactivity, 0.83; Verbosity, 0.32; and Total Parenting Scale, 0.80.

When the Parenting Scale was first developed, verbosity was the third subscale. Subsequently the scale was amended, and the third subscale of hostility substituted for verbosity (Rhoades & O'Leary, 2007). The same questions were included in the scale but re-ordered between the subscales. In the original scale there are eleven items in the laxness subscale compared with five items in the revised scale. There are ten items in the over-reactivity subscale compared with five items in the revised scale, and seven items in the verbosity subscale compared with three items in the hostility subscale of the revised scale.

The original scale has four items in the no factor subscale compared with seventeen in that subscale in the revision. The original version of the Parenting Scale was used in this current study as that version has been effectively used in other parenting research (Lindsay, Strand, & Davis, 2011; Morawska & Sanders, 2007). Arnold et al. (1993) felt that the scale would prove to be a useful research tool for evaluating the effectiveness of intervention programmes, and Rhoades & O'Leary (2007) felt that interventions can be informed by the knowledge of parental discipline practices. The properties of the scale were subsequently tested and used with a variety of populations of participants (Harvey, Danforth, Ulaszek, & Eberhardt, 2001; Lorber, Xu, Smith Slep, Bulling, & O'Leary, 2014; Prinzie, Onghena, & Hellinckx, 2007; Reitman et al., 2001), and the findings generally supported the reliability of the psychometrics of the Parenting Scale, particularly for clinical research and practice. Lorber, Xu, Smith Slep, Bulling, and O'Leary (2014) stated that this scale performs well for practitioners and researchers interested in measuring change in parent discipline practices.

5.4.2 Parenting skills, parenting self-efficacy, empathy, the parent-child relationship and overall intervention effectiveness.

It has been suggested that the lack of a large body of research on self-efficacy related to parenting could be due to a lack of suitable measures (Coleman & Karraker, 1997), and the **Tool to Measure Parenting Self-Efficacy (TOPSE)** (Kendall & Bloomfield, 2005) is therefore a welcome addition to these measures. It has been stated (Coleman & Karraker, 2000) that interventions designed to increase parental self-efficacy could be effective because they improve parents' abilities to respond to testing parenting circumstances. TOPSE was developed specifically to address the need for rigorous evaluation of parenting programmes, and is sensitive to parenting in the United Kingdom. The TOPSE scale was used in this research to measure the participants' parenting skills in a variety of parenting

areas, as well as for measuring the overall effectiveness of the PRAISE coaching intervention.

This tool has been deemed valid and reliable and was developed by Kendall and Bloomfield (2005) to determine the decisive factors that cause positive change in parenting behaviour, as well as to measure any longer-term effects of parenting programmes or interventions for parents and their children. This measure was developed not only as an instrument which would evaluate the effectiveness of different types of parenting interventions in increasing parents' feelings of self-efficacy (Bloomfield et al., 2005), but also to be useful as a pre- and post-measure and as a more long-term follow-up measure for parenting programmes and other interventions (Bloomfield & Kendall, 2007; 2012). It is completed by parents, and therefore indicates their perceptions of different aspects of their parenting behaviour.

The scale consists of 48 statements within eight subscales (emotion and affection, play and enjoyment, empathy and understanding, control, discipline and setting boundaries, pressures, self-acceptance, and learning and knowledge). The subscales corresponding to the parenting skills variable in this study are play and enjoyment, control, and discipline and setting boundaries. Those which correspond to the self-efficacy variable are pressures, self-acceptance, and learning and knowledge. The parent-child relationship variable can be measured with the emotion and affection, play and enjoyment, and empathy and understanding subscales. The overall effectiveness of an intervention is measured using the total TOPSE scale score. Each subscale has six items rated on an 11-point Likert scale where 0 represents completely disagree and 10 represents completely agree. There are both positively and negatively worded items included in the scale. The summed score for each subscale can therefore range from 0-60 where a higher score indicates a higher level of parenting self-efficacy and parenting skill, and a better parent-child relationship.

5.4.2.1 Consistency and reliability.

TOPSE showed acceptable internal reliability and strong external test-retest reliability (Kendall & Bloomfield, 2012). The Cronbach's alpha coefficients from Kendall & Bloomfield's study (2012) and those from this study are shown in Table 5.1.

Table 5.1

Cronbach's Alpha Reliability Coefficients for the TOPSE Scale

Scale	Cronbach's alpha (Kendall & Bloomfield, 2012)	Cronbach's alpha for this study at Time 1
Emotion & Affection	0.78	0.58
Play & Enjoyment	0.90	0.85
Empathy & Understanding	0.90	0.85
Control	0.86	0.89
Discipline & Boundary Setting	0.85	0.86
Pressure	0.75	0.80
Self-acceptance	0.90	0.88
Learning & Knowledge	0.82	0.82
Total scale	0.91	0.95

5.4.3 Parental well-being and stress.

The Adult Well-Being Scale (Snaith, Constantopoulous, Jardine, & McGuffin, 1978) was used to measure parental well-being. This scale was devised to fill the gap in clinical practice at the time with a self-assessing scale for adults to measure irritability, depression and anxiety. Irritability can be a temporary state where a person can be impatient, intolerant, and not able to control their angry feelings (Snaith et al., 1978). This questionnaire measures irritability directed towards others as well as directed inwardly towards the person completing the questionnaire. Irritability and anxiety can be signs of stress, and high levels of stress are associated with low feelings of well-being. This self-completed questionnaire was therefore used in this study as a measure through which parents could report their state of well-being.

Each question within the scale has four possible responses which are scored from 0 to 3. There are four subscales. The depression subscale has five items and a maximum

score of 15 (a score of 4-6 is borderline and greater than 6 may indicate a problem), the anxiety subscale also has five items with a maximum score of 15 (a score of 6-8 is borderline and a score greater than 8 may indicate a problem). The outwardly directed irritability subscale has four items and a maximum score of 12 (a score of 5-7 is borderline and a score above this may indicate a problem) and the inwardly directed irritability subscale has four items with a maximum score of 12 (a score of 4-6 is borderline and a score greater than 6 may indicate a problem). The measure is completed by the participant thinking about their current state. The use of this scale in both the pre- and post-intervention questionnaires will register progress in the subscale areas.

This research was not investigating depression in participants but sought to include measures of stress and irritability as factors which may affect parenting practices, which, in turn, may affect a child's behaviour. This scale was chosen because it measures the current state of the participant and would provide useful insights for the coach at the start of the parenting intervention.

5.4.3.1 Consistency and reliability.

The reliability of the scale is reasonably satisfactory, and the scale has been tested on both in- and out-patients (Snaith, Constantopoulos, Jardine, & McGuffin, 1978). There are no test re-test statistics however, as the scale was not intended to be used in this way, as it was not originally designed to be a research measure. The intention was to gauge the well-being of a client on one specific occasion (Snaith et al., 1978). Pepping, Dawe, and Harnett, (2013) reported that no analysis of the internal reliability of the Adult Well-Being Scale (Snaith et al., 1978) had been conducted, and this is usually considered to be a necessary point at which to start in psychometric analysis of measures (Nunnally & Bernstein, 1994). Pepping et al. (2013) found poor internal consistency for depression and

moderate to acceptable alpha coefficients for the remaining scales and the total score. This study found Cronbach's alpha coefficients as shown in Table 5.2.

Table 5.2

Cronbach's Alpha Reliability Coefficients for the AWS Scale

Scale	Cronbach's alpha Pepping, Dawe & Hartnett (2016)	Cronbach's alpha for this study at Time 1
Depression	0.55	0.74
Anxiety	0.73	0.83
Outwardly directed irritability	0.67	0.74
Inwardly directed irritability	0.81	0.78
Total scale	0.87	0.91

5.4.4. Child behaviour.

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is a 25-item, positively worded, brief behavioural screening measure which assesses the reported occurrence of behaviours associated with conduct problems in children aged 4-16 years old. It is a widely used screening instrument because it measures both problem behaviour and competencies at an early age. The parent completed scale was used in this research study, so the scores reflect the parent's perceptions of their child's behaviour. The SDQ has four problem subscales: conduct problems, hyperactivity-inattention, emotional problems, and peer problems, and one pro-social subscale which measures more positive aspects of a child's behaviour. Each subscale consists of five items rated on a Likert-type three-point scale (0=not true, 1=somewhat true and 2=certainly true). Each subscale score is calculated by adding scores on the relevant questions with a score range of 0-10. The four difficulties subscale totals can be added together to give a Total Difficulties score (range 0-40). Higher

scores indicate a higher risk of emotional and behavioural problems. A higher score on the prosocial subscale indicates a strength in the child and adds a positive aspect to the scale.

The bandings presented for the SDQ scores are 'normal', 'borderline' and 'abnormal'. The definitions of these bandings were based on a population-based UK survey and the clinical cut-off points are such that 80% of children scored 'normal', 10% 'borderline' and 10% 'abnormal' (Goodman, 1997).

5.4.4.1 Consistency and reliability.

The SDQ has been shown to have strong psychometric properties despite its brevity in comparison to other scales (Mieloo et al., 2012). Stone, Otten, Engels, Vermulst, and Janssens (2010) examined 48 studies which had used the SDQ, in order to investigate the scale's psychometric properties. They found that the SDQ showed strong psychometric properties with satisfactory internal consistency and sufficient reliability over time. The SDQ was originally evaluated by Goodman (1997) against the benchmark set by the long-established Rutter parent and teacher questionnaires (Goodman, 1997). The Rutter (Rutter, 1967) questionnaires are very respected as behavioural screening questionnaires and have proved valid and reliable in many contexts (Elander & Rutter, 1996). However, the items on the Rutter questionnaires focus on undesirable traits whereas the SDQ also includes items on children's strengths. When compared with another child behaviour measure, the Child Behavior Checklist (CBCL) (Goodman & Scott, 1999; Mieloo et al., 2012), the SDQ was found to be better at detecting inattention and hyperactivity. This confirmed the usefulness of the SDQ as a brief behavioural screening tool, and as Goodman and Scott (1999) found that mothers were twice as likely to prefer completing the SDQ, this measure was selected for the current study. Total scores as well as the individual subscale scores were analysed for comparison purposes. This scale has also been used in previous empirical research (Griffin, Guerin, Sharry & Drumm, 2010; McGilloway et al. 2012).

The internal consistency of the different SDQ scales was determined by the Cronbach's alpha coefficient. A Cronbach's alpha of at least 0.7 is recommended for screening instruments intended for use with groups and individuals (Nunnally & Bernstein, 1994). In this study for all Time 1 completed questionnaires (n=112) the Cronbach alpha coefficients for the subscales were: Hyperactivity, 0.86, Emotional Problems, 0.72, Conduct Problems, 0.70, Peer Problems, 0.68, Prosocial, 0.77, and total difficulties, 0.85. A summary of the details of each measure's subscales and an interpretation of a high score is presented in Table 5.3.

Table 5.3

Details of Each Measure and the Interpretation of High Scores in each Subscale

Measure	Scale	Subscales	No of items	Scoring	Interpretation of high score
Parenting behaviours	**Parenting Scale** (Arnold, O'Leary, Wolff, & Acker, 1993)	Laxness	11	11-77	High permissiveness
		Over-reactivity	10	10-70	High over-reactivity
		Verbosity	7	7-49	High verbosity
		Total scale score	30	30-210	Ineffective parenting behaviours
Parenting self-efficacy	**Tool to Measure Parenting Self-efficacy (TOPSE)** (Kendall & Bloomfield, 2005)	Emotion & Affection	6	0-60	Good parent-child relationship
		Empathy & Understanding	6	0-60	High empathy & good parent-child relationship
		Play & Enjoyment	6	0-60	Good parent-child relationship
		Control	6	0-60	Good parenting skills
		Discipline & Boundary Setting	6	0-60	Good parenting skills
		Pressures			High self-efficacy
		Self-Acceptance	6	0-60	High self-efficacy
		Learning & Knowledge	6	0-60	High self-efficacy
		Total scale score	6	0-60	
			48	0-480	High parenting self-efficacy, parenting skills and better parent-child relationship and effective parenting intervention
Parenting well being	**Adult Well-Being Scale** (Snaith, Constantopolous, Jardine, & McGuffin, 1978)	Depression	5	0-15	High level of depression
		Anxiety	5	0-15	High level of anxiety
		Outwardly directed irritability	4	0-12	Very irritable to others
		Inwardly directed irritability	4	0-12	Very irritable to self
Child behaviour	**Strengths and Difficulties Questionnaire**	Prosocial	5	0-10	High prosocial behaviour
		Hyperactivity	55	0-10	
		Emotional problems		0-10	High hyperactivity
		Conduct problems	5	0-10	

	(SDQ) (Goodman, 1997)	Peer problems Total problem score	5 20	0-10 0-40	High emotional problems High conduct problems High peer problems High emotional and behavioural problems

5.4.5 Parental feedback and evaluation of the coaching intervention.

At Time 2 the parents in the coaching group (*n*=23) were sent an evaluation form (see Appendix H) to complete together with the second set of measures. The evaluation form collected qualitative feedback about the intervention they had received as well as the parent's opinion on how helpful they had found the intervention using a 10-point scale. The participants were also asked to use a 10-point scale to rate their level of confidence in their parenting skills. There were further questions to be answered either 'yes', 'no', or 'same' about whether they had achieved their parenting goals and whether there were improvements in: their relationship with their child, their child's behaviour, their parenting systems and their home environment. The participants were also asked whether they would make changes to the intervention, and if they would, they were asked how they would change it. The results from these evaluation forms are presented in Section 6.6 and the written parental feedback is presented in full in Appendix L.

In order to collect qualitative feedback at Time 3, the participants in the coaching group (*n*=17) were sent an evaluation form (see Appendix I). The parents were asked whether they were continuing to use the parenting skills they gained during the intervention. They were also asked whether they needed more support, and whether they would recommend the intervention to other parents. These solicited 'yes' and 'no' answers. The participants were also asked to describe how they were using their new parenting skills, and what the most important qualities of the coaching intervention had been for them. The

researcher hoped to ascertain whether the parents had transferred their parenting skills to any new challenges they had faced with their children as suggested by Bandura (1977)

Analysis of the responses is presented in Section 7.6.99 and the written responses are presented in full in Appendix P.

5.5 Ethical considerations

Confidentiality was ensured in this study by the researcher using codes and numbers in SPSS 25, documents and questionnaires which maintained the privacy of the participants. The researcher alone had access to the code key for the records and the data was not shared with any other organisation. Personal details such as contact details were kept separately in a locked filing drawer to which the researcher had sole access.

This study observed the Codes of Practice of two accreditation bodies. Firstly, the British Psychological Society Code of Ethics and Conduct, (2009, 2014, 2018) and the Code of Human Research Ethics (2014) and secondly the European Mentoring and Coaching Council Code of Ethics (2016, 2019). The European Mentoring and Coaching Council (EMCC) was established to promote best practice and ensure that the highest possible standards are maintained in the different disciplines of the EMCC, which includes coaching. The researcher adheres voluntarily to this code of ethics as part of her practice. As recruitment was partly carried out using the internet in the main study, the Ethics Guidelines for Internet-mediated Research (British Psychological Society, 2017) were also referred to in order to ensure that the consent form used for this research complied with these guidelines too.

Prior to commencing the study, ethical clearance was sought in October 2013 and granted by the Faculty of Health and Life Sciences Research Ethics Committee (HLS-FREC) in December 2013 (Appendix A). Following some amendments concerning method of recruitment and participant choice of how they participated, amended ethical clearance

was sought, to incorporate the use of the internet for recruiting participants, and granted by HLS-FREC in July 2017 (Appendix B). The relevant forms for participants were generated for the study following the above guidelines.

All participants gave full informed consent prior to participation. All data was kept confidential by each participant being assigned a participant number. The research data was kept in a locked filing cabinet. Participants were also informed that their participation was voluntary, and that they could withdraw at any stage of the project without giving any explanation. Participants were also provided with contact information of representatives at the university for use if the participants had any complaints or concerns regarding the study. The researcher had both a central and multiple roles in the research process, being the coach performing the coaching intervention using PRAISE and the researcher collecting and analysing data. The researcher therefore had to ensure that the coaching was delivered in an equal way to all participants in order to ensure that the findings would be free from bias.

5.6 Procedure

5.6.1 Recruitment.

There were two tranches of recruitment. In the first tranche individuals were invited to take part following an approach by the researcher to local primary schools as well as a local social media group called Mumsnet. Information about the study was sent by email as well as copies of the measures so that an informed decision could be made by the organisations about their parents taking part in the research or agreeing for the recruitment to take place on the social media group. Two schools responded positively and passed information about the study to those parents who said they wanted help with their child's behaviour. Other primary schools either did not respond or declined the offer to take part in the research. Information about the research study was given to these parents in the form of a participant information sheet which was later put online for ease of access (Appendix C),

together with the researcher's contact details, so that interested participants could gain more information about the study if required.

The second tranche of recruitment was carried out online as the primary schools approached by the researcher showed no interest in taking part in the research project. The forms, including the consent form, demographic form and the questionnaires were entered onto Qualtrics software in three sets: Time 1, Time 2, and Time 3, so that they could be sent out electronically. Recruitment was carried out via parenting websites, social media and a magazine aimed at families (see Section 5.2). Two links were attached to the online recruitment information so that participants could respond appropriately: one for the coaching group and one for the non-intervention group. Information was sent out in a staggered way to allow for a steady flow of responses. Interested potential participants were subsequently emailed a consent form (Appendix D). Once this had been received, access to the same battery of questionnaires as in the study was sent out via an anonymous link. Having completed the questionnaires, signed the consent form, and provided contact information, the researcher contacted the potential coaching group participant to arrange a date and time, convenient to both parties, for the first session.

Twenty-three parents expressed an interest from the first recruitment tranche and were given hard copies of the forms and questionnaires and one hundred and four parents expressed a willingness to take part from the second recruitment tranche; eighty-four for the non-intervention group and twenty for the coaching group. A link to the forms and questionnaires was sent out to the second tranche electronically. After dropout before or during the study, the numbers taking part in the final study were n=23 in the coaching group and n=35 in the non-intervention group.

5.6.2 Materials.

Participant information sheet (Appendix C)

The participant information sheet included details of the nature and purpose of the research, the responsibilities, involvements, and rights of the participant as well as the potential benefits to the participant and the responsibilities and involvement of the researcher. The information sheet also clarified what the participant would be asked to do, stated that it would be done at their convenience, and gave an approximation of the time involved in participating. The voluntary nature of taking part as well as withdrawal from the study was explained. Confidentiality issues, the complaint procedure and distress and risk issues were also included in this information sheet.

Demographic questionnaire (Appendix E)

This was a non-validated questionnaire, developed specifically for the study. Items referred to participants' demography, including age, self-described ethnicity, marital status, education status, employment status, and housing status.

Consent form (Appendix D)

This form consisted of six statements which participants were required to read and initial to indicate their understanding and agreement, as well as confirming their decision to take part in the study. Participants were asked to complete and sign two copies of this form, returning one to the researcher and keeping one copy for their own records.

Measures

A set of four measures (described in Section 5.4) were then given to interested participants to complete (Appendix G). Parents in both the coaching and non-intervention groups were asked to choose the child whose behaviour concerned them most to be the child for whom they completed the measures.

5.6.3 Coaching group.

Participants in the coaching group were offered a maximum of ten weekly hour-long coaching sessions with some flexibility in the frequency of sessions depending on parental

circumstances such as temporary illness of parent or child. The number of sessions was chosen to be similar to the number of sessions in existing parenting programmes. Participants were informed that they could participate in as many sessions as they found useful, up to a maximum of ten. These coaching sessions took place either face-to-face or over the telephone depending on participant preference and ease of geographical location. The decision of giving the participants a choice in how they received their coaching intervention was made in keeping with the evidence that therapeutic interventions work best when participants are given a choice in how they receive the intervention (Clark et al., 2008; McPherson & Britton, 2001) as detailed in Section 5.3. The mean number of sessions for the coaching group was 8.39 with a range of 2 to 10 sessions. The majority of the participants (70%) received ten coaching sessions. In addition, in order for coaching to be effective, the person being coached must want to change in some way and also be willing to try something different, in other words they have to have the motivation to change (Norcross, Krebs & Prochaska, 2011). This is another reason why participants were given the choice of how they participated in this study. The coaching group participants who chose to take part over the telephone, were asked whether they would prefer a video call when their personal contact details were requested (Appendix G). There is a precedent for coaching interventions taking place at a distance. A study conducted by Bar (2014) gave participants ten coaching sessions comprised of two face-to-face sessions followed by eight sessions delivered as distance coaching, either over the telephone or using Skype. This method was effective in this study.

Findings showing that face-to-face coaching and telephone coaching are equally effective (Aoun, Osseiran-Moisson, Shahid, Howat, & O'Connor, 2012; Ghods, 2009) supported the decision made in the design of this thesis to deliver the coaching model either face-to-face or over the telephone, depending on the preference of the participant. Giving

participants in the study the choice of delivery mode also fits with the transactional model of empowerment by choice which is part of self-determination theory (Deci & Ryan, 2008; Ryan & Deci, 2008) in which intrinsic motivation is an important component. Deci and Ryan (1985) suggested that choice enhanced intrinsic motivation by giving people a greater feeling of autonomy.There is a substantial amount of research which shows that, in some conditions, virtually assisted therapies where a number of virtual meetings (telephone or Skype) or/in combination with, face-to-face meetings, have a similar effect as meeting more traditionally (Andrews et al., 2010).

The details of the coaching sessions are described in the PRAISE model chapter (Chapter 4). Session one was conducted face-to-face where possible and this was via an internet video call where it was not possible to be in the same location. This session gave participants the opportunity to pose any questions they had about the study to the researcher. Contracting then took place between the participant and the researcher. This defined the goals, roles and accountability of both parties in the coaching process (O'Connell, Palmer, & Williams, 2012). Details are given in Section 4.6.2. Contracting gave the researcher the opportunity to manage the participant's expectations and to explain that coaching is a collaborative process to improve performance, and that it is not a mentoring or teaching process. Notes were made by the researcher during each session, which participants were made aware of, and participants were encouraged to do the same. After this first session participants chose whether they wished to continue with physically present face-to-face coaching sessions or with distance coaching: either video phone calls or telephone calls. Only two participants opted for video phone calls.

Once the intervention had been completed (Time 2), the participants were asked to complete another set of the same measures for data comparison purposes, as well as an evaluation form (Appendix H) which gathered qualitative feedback from the participants

about the intervention they had received. It also asked the parents to assess, via a score on a scale of 0-10, how they felt about their parenting skills and confidence. A third set of the same questionnaires was sent to the participants after a further six months (Time 3) to gather follow-up data, together with an evaluation form which asked the participants to describe how they were still using the skills they had gained through the intervention (Appendix I).

5.6.4 Non-intervention group.

Information about the research study was distributed together with the researcher's contact details so that interested participants could gain more information about the study if required.

Participants in the non-intervention group (*n*=84) were sent a link to the forms and questionnaires electronically (Time 1). Once they had been completed, the researcher acknowledged receipt and reminded the participants that they would receive a second set of measures after ten weeks (Time 2) and also a further set six months after that (Time 3) in order to provide follow-up data to analyse for change over time in the outcome measures. Gathering the data at the same stages as the coaching group allowed for comparisons to be made between groups as well as between timepoints.

In addition, the non-intervention group participants were sent a set of questions about any parenting courses they had attended in the past, and what, in their opinion, the best and worst points were about the course they attended. This was done to gather information on parental experiences of parenting courses. One respondent did not complete these questions. The responses (n=83) are presented in detail in Appendix J.

5.7. Data Collation and Analysis

5.7.1 Data collation

Statistical analysis was carried out using IBM SPSS 25 and a large quantitative data set was created to form the results for this research study including the data for the participant who was subsequently the subject of the case study (Chapter 8).

Before conducting the main analyses, the data was collated to create total subscale and total scale scores for each variable. A total parenting behaviour factor score from the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) was found by summing the responses on all items and calculating the average. Three subscale scores were also created which focused on laxness (items, 7, 8, 12, 15, 16, 19, 20, 21, 24, 26,30), over-reactivity (items 3, 6, 9, 10, 14, 17, 18, 22, 25, 28) and verbosity (items 2, 4, 7, 9, 11, 23, 29). Some items in each subscale were reverse coded (items 19, 20, 26 and 30 in laxness, items 3, 6, 9, 10, 14 and 17 in over-reactivity and items 2, 9 and 23 in verbosity) and two items were counted in two different subscales (item 7 in laxness and verbosity and item 9 in over-reactivity and verbosity).

For parenting skills, parenting self-efficacy, empathy, and the parent-child relationship, the TOPSE scale (Kendall & Bloomfield, 2005) was used. Each subscale of TOPSE (Emotion and affection, Empathy and understanding, Play and enjoyment, Control, Discipline and Boundary setting, Pressures, Self-acceptance, and Learning and knowledge) consisted of six statements which were separately summed, giving a score out of 60 for each subscale. There were some reverse-scored items (statement 6 in the Emotion and Affection subscale, statement 5 in the Control subscale, Statements 1, 2 and 3 in the Pressures subscale and statement 3 in the Self-acceptance subscale). A total TOPSE score was calculated by summing the eight subscale scores.

Parental well-being was measured with the Adult Well-Being Scale (Snaith, Constantopoulos, Jardine, & McGuffin, 1978). Subscale scores were created for Depression (items 1, 3, 5, 9, 12), Anxiety (items 2, 7, 10, 14, 17), Outwardly directed irritability (items 4, 6, 13, 16) and Inwardly directed irritability (items 8, 11, 15, 18). There were some reverse coded items in each subscale (items 3 and 9 in the Depression subscale, items 7, 10 and 14 in the Anxiety subscale, items 4, 6 and 16 in the Outwardly directed irritability subscale and all the items in the Inwardly directed irritability subscale – items 8, 11, 15 and 18). Subscale totals were created by summing the items in each.

Finally, child behaviour was measured by the SDQ (Goodman, 1997). Subscale scores were created for emotional problems (items 3, 8, 13, 16, 24), conduct problems (items 5, 7, 12, 18, 22), hyperactivity (items 2, 10, 15, 21, 25), peer problems (items 6, 11, 14, 19, 23) and prosocial (items 1, 4, 9, 17, 20). Item 7 in the conduct problems subscale, items 21 and 25 in the hyperactivity subscale and items 11 and 14 in the peer problems subscale were reverse scored. Total SDQ scores were created by summing the subscales apart from the prosocial subscale score.

5.7.2 Preliminary analyses for the coaching vs non-interventiondata.

Prior to conducting the main analyses, preliminary analyses were carried out using IBM SPSS 25 and a quantitative data set was created for the measures at Time 1 from the coaching and non-intervention groups. Shapiro Wilk normality tests revealed that all the variables were normally distributed, $p>.05$.

In order to examine whether there were baseline (Time 1) differences between the demographic characteristics of the two groups (coaching andnon-intervention) analyses in the form of independent *t*-tests were carried out for the continuous variables (child age and parent age) and chi-squared tests of independence were carried out for the categorical variables (child gender, parental time in education, housing status, working status, and

single parent status). The comparison was made between those who completed the coaching intervention (n=23) and those who participated in the study in the non-intervention group (*n*=35) at Time 1 (baseline). When cell sizes were less than five in chi-square tests, Fisher's exact tests were used to calculate the exact probability that the statistic was accurate (Field, 2011).

Three of the measures used have suggested clinical cut-offs within the scores (there were no clinical cut-off scores suggested for TOPSE). A frequency test using SPSS was used to determine whether there were differences in the number of participants in the coaching and non-intervention groups whose scores were above the clinical cut-off scores at Time 1 for the Parenting Scale, Strengths and Difficulties Questionnaire and the Adult Well-Being Scale.

Normality tests were carried out for all measures first from the coaching group, second for the non-intervention group and third for the whole group of participants. For the complete group of participants (*n*=58) Shapiro-Wilk tests revealed that data was normally distributed ($p>.05$) in the total difficulties SDQ score. All subscales in the Parenting Scale and the total Parenting Scale scores were normally distributed, the total TOPSE scale and the pressures subscale were normally distributed and the anxiety and outwardly directed irritability subscales of the Adult Well-being Scale were normally distributed.

With a small dataset a few outliers can make a big difference to the distribution of the data. The internal consistency of each measure used in the study and each measure's subscale was determined by the Cronbach's alpha coefficient.

5.7.3 Secondary analyses: Evaluation of the PRAISE coaching intervention: Effects on parenting behaviour, parenting self-efficacy, empathy, the parent-child relationship, parental well-being and child behaviour

Having completed the preliminary analyses, the demographic characteristics of the coaching group (n=23) and those participants who dropped out at Time 2 from the coaching group (n=5) were compared using independent t-tests and chi-squared tests.

Next, change was examined within each separate group (coaching and non-intervention) for the dependent variables. Two sets of paired t-tests were carried out to examine differences between Time 1 and Time 2 for the participants in both groups who completed questionnaires at both timepoints. In order to reduce the risk of a Type 1 error, a Bonferroni adjustment was used by dividing the alpha value (0.05) by the number of tests performed, which differed for each measure used: for the SDQ (Goodman, 1997) it was six, for the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) it was four, for TOPSE (Kendall & Bloomfield, 2005) it was nine and for the Adult Well-Being Scale (Snaith, Constantopoulos, Jardine & McGuffin 1978) it was four. The significance value was adjusted for each scale: p <.008 for the SDQ (Goodman, 1997), to p<.013 for the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) and the Adult Well-Being Scale, and to p < .006 for TOPSE (Kendall & Bloomfield, 2005).

Despite the slightly unequal sample sizes, ANOVA tests are generally viewed as robust (Tabachnik & Fidell, 2013), so parametric tests of difference were carried out on the data with Levene's test for equality of variances and Mauchley's tests for sphericity reported.

To examine whether there was an interaction between group and time on the variables at Time 2, all subscale scores were subjected to a set of 2 x 2 mixed analysis of variance (ANOVA) having one within participants factor with two levels of time (Time 1, Time 2),

and one between participants factor with two levels of condition (coaching group, non-intervention group). The main effects of the ANOVAs were not examined as they would only examine a difference in scores of the within participant factor (Time 1 vs Time 2) or the between participants factor (coaching vs non-intervention) and would not convey any meaningful information about the effectiveness of the intervention. The purpose of these analyses was to examine the interaction between group and time, and in particular, whether the scores in the coaching group changed between Time 1 and Time 2 to a greater extent than in the non-intervention group. These ANOVA results were examined to determine whether the effect sizes exceeded Cohen's (1988) convention for a large effect ($\eta_p^2 \geq 0.14$). The 2 x 2 ANOVA interactions accommodated for the difference in baseline scores and therefore provided clear evidence about the pattern of change from Time 1 to Time 2 for the coaching and non-intervention groups.

Some participants in the coaching group received the intervention face-to-face (n=8) and some over the telephone (n=15). Independent t-tests were carried out to compare the outcomes at Time 2 with those at Time 1 for the coaching group according to the mode of delivery for all four measures and the subscales. The results of the analyses are presented in Chapter 6.

5.7.4 Follow-up analysis.

The scores from the Time 3 set of measures from each group were added to the data set and collated to create total subscale and total scale scores for each variable, creating a quantitative data set for Time 3.

In order to examine whether there were Time 3 differences between the demographic characteristics of the two groups (coaching and non-intervention), analyses in the form of independent t-tests were carried out for the continuous variables (child age and parent age) and chi-squared tests of independence were carried out for the categorical variables (child

gender parental time in education, housing status, working status and single parent status). There were 17 participants in the coaching group and 18 participants in the non-intervention group at Time 3.

The demographic characteristics of the coaching group (n=17) and those participants who dropped out at Time 3 from the coaching group (n=6) were also compared using independent t-tests and chi-squared tests.

In order to examine whether there were differences between scores on the parenting and child measures at baseline (Time 1) and 6 months post intervention (Time 3) and also to examine whether there were differences between scores on the parenting and child measures at post-intervention (Time 2) and 6 months post-intervention (Time 3) paired t-tests were carried out. Two sets of paired t-tests were carried out. The tests examined change within each condition (coaching and non-intervention) for the dependent variables: parenting behaviour, parenting self-efficacy, parental well-being and child behaviour. In order to reduce the risk of a Type 1 error, a Bonferroni adjustment was used by dividing the alpha value (0.05) by the number of tests performed, which differed for each measure used and the significance value was adjusted for each scale. These tests were carried out to determine whether there were any sustained effects shown in the scores.

To examine whether there was an interaction between group and time on the variables, all subscale scores were subjected to a set of 3 x 2 mixed analysis of variance (ANOVA) having one within participants factor with three levels of time (Time 1, Time 2, Time 3) and one between participants factor with two levels of condition (coaching group, non-intervention group) and different starting points for the scores at Time 1. The ANOVAs were run to eliminate the effect of the differences between the starting points of the two groups. These ANOVA results were examined to look whether there were any

significant interactions and to determine whether the effect sizes exceeded Cohen's convention for a large effect ($\eta_p^2 \geq 0.14$). These results are presented in Chapter 7.

5.7.5 Case study.

The scores from the measures completed at Time 1, Time 2 and Time 3 by the case study participant were compared to determine differences between Time 1 and Time 2 and then between Time 1, Time 2, and Time 3.

As there was only one set of data from the case study participant, a paired *t*-test was not applicable. The reliable change index (RCI) was used instead (Jacobson et al, 2000). Jacobson and Truax (1991) suggested that researchers use a clinical significance analysis method (JT method) for case studies where self-report measures are used to determine whether any change in scores from pre-intervention to post-intervention exceeded chance expectations. The RCI is calculated by dividing the difference between the Time 1 and Time 2 scores and the Time 2 and Time 3 scores by the standard error of the difference between the two scores. The RCI would show whether the changes in scores exceeded measurement error. It was important to determine whether the changes were both reliable and clinically significant to demonstrate the effectiveness of the intervention. The post-intervention score reflects real change when the calculated reliable change is greater than 1.96.

The clinical cut-offs of the measures were also used when examining the participant's scores to determine whether they were above the clinical cut-off scores at Time 1, Time 2 and Time 3 for the Strengths and Difficulties Questionnaire (Goodman, 1997), Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993) and the Adult Well-Being Scale (Snaith, Constantopoulos, Jardine & McGuffin 1978).

5.8 Summary

This chapter contained a full description of the research studies included in this thesis, starting with a description of participant recruitment and sample selection. The study design was described followed by details of the questionnaires used to measure the variables being studied in this research and the validity and reliability of the chosen measures. The ethical considerations were described, followed by a description of how the study was carried out including details of the forms and questionnaires given to the participants in both the coaching and non-intervention groups. A description of the study and the data analysis methods used followed, including the qualitative element from the parental evaluations at Time 2 and Time 3 from the coaching group. Readers were signposted to the results presented in Chapters 6 and 7.

The following chapter presents an evaluation of the PRAISE coaching intervention together with the results obtained from the measures at Time 2.

Chapter 6. Evaluation of the PRAISE Coaching Intervention: Effects on Parenting Behaviour, Parenting Self-efficacy, Empathy, the Parent-child Relationship, Parental Well-being, and Child Behaviour

6.1 Overview

The case study is described in Chapter 8 and sets out in detail how the solution-focused PRAISE coaching model is used in practice. In this chapter, the results from testing the new PRAISE coaching model to examine whether it as effective as a parenting intervention for parents of primary school-age children are presented. A number of variables were examined: parents' perceptions of their parenting behaviours, their parenting skills, their feelings of self-efficacy, their relationship with their child, and their feelings of well-being. An additional variable of child behaviour was examined to see whether the coaching intervention changed parents' perceptions of their child's behaviour at Time 1 (baseline) and again at Time 2 (post-intervention or ten weeks later). Data from the measures for the variables were collected from both the intervention group and the non-intervention group. The analysis of this collected data is presented in this chapter.

This chapter presents the results obtained from the intervention stage of this study. Preliminary analyses are discussed first and the results from each of the study's hypotheses are examined in turn.

This was a non-randomised mixed design study with two groups of participants: one was a group of parents who would receive a coaching intervention using PRAISE and the other was a group of parents who would be a control group receiving no intervention. The majority of research studies on the efficacy of parenting programmes have no control group within the study (Dretzke et al., 2009; Lindsay, Strand, & Davis, 2011). This research study adopted a quasi-experimental design as participants were recruited into either a coaching intervention group or an online non-intervention group. Fifty-eight participants were

recruited of whom 23 (40%) chose to be in the coaching intervention group and 35 (60%) chose to be in the non-intervention group. The participants were all mothers. Some of the coaching intervention group took part in the coaching sessions face-to-face with the coach and some took part over the telephone or video calls.

Repeated measures were used at Time 1 and Time 2 to collect data from both the coaching and non-intervention groups. The measures were self-report questionnaires and measured the dependent variables of parenting behaviour, parenting self-efficacy, parental well-being and child behaviour.

A number of variables were examined: parents' perceptions of their parenting behaviours, their parenting skills, their feelings of self-efficacy, their relationship with their child, and their feelings of well-being. An additional variable of child behaviour was examined to see whether the coaching intervention changed parents' perceptions of their child's behaviour at Time 1 (baseline) and again at Time 2 (post-intervention or ten weeks later). Data from the measures for the variables were collected from both the intervention group and the non-intervention group. The analysis of this collected data is presented in this chapter.

Structurally this chapter starts with a descriptive summary of research on parenting interventions in order to demonstrate where the new PRAISE coaching model fits within the field of parenting support followed by a restatement of the aims and hypotheses of this study. The method section of this chapter (Section 6.2) includes brief details of the measures used in this study, together with a description of the data collection and analysis. The findings at baseline are presented and the data from the coaching group and non-intervention group are compared. The Time 2 data is presented together with an analysis of the paired *t*-tests conducted to determine any difference in scores for each group at Time 1 (baseline) and at Time 2 (post-intervention or 10 weeks) to provide within group

comparisons. The results from 2 x 2 ANOVA are presented. These were run to examine whether there was an interaction between group and time on the variables. Some parental qualitative evaluation of the coaching intervention is also presented followed by a discussion of this chapter's findings.

6.1.2 Background.

It is acknowledged that parenting behaviour is very influential in child development and behaviour (Eddy, Leve, & Fagot, 2001; Patterson, 1982), and parenting style has been the subject of much research (Aunola & Nurmi, 2005; Wood, McLeod, Sigman, Hwang, & Chu, 2003). It has been found that either a parenting style that is too lax or one that is too authoritarian has a detrimental effect on a child's behaviour (Pinquart, 2017; Stormshak, Bierman, McMahon, & Lengua, 2000). It is argued that this may be due to the bi-directional nature of the parent-child relationship (Shaffer, Lindhiem, Kolko, & Trentacosta, 2013; Smith, 2010). Parenting style is not a fixed attribute, and a parent's parenting style and it has been found that parent's behaviours can be affected by other factors such as life events, stress and anxiety, and self-efficacy (Smith, 2010). It has also been argued that parenting self-efficacy and parents' confidence in their parenting skills are important factors in a child's behaviour (Coleman & Karraker, 2003; Sanders & Woolley, 2005).

Parenting support interventions are mainly group programmes based on empirical evidence and covering a range of topics pertinent to most parents' needs regarding their children. There are many parenting programmes currently utilised by practitioners who want to help parents who are struggling with their parenting which were described and discussed in detail in Chapter 1. These 'one-size-fits-all' parenting programmes may not work for every parent as each parent's circumstances, beliefs and values are very personal (Baer, Wolf, & Risley, 1987; Ogbu, 1981). There are very few parenting interventions that are tailored to individual parents apart from family support, offered to parents where a

child's development is deemed to be at risk by statutory agencies (McKeown, Haase, & Pratschke, 2001; Whittaker & Cowley, 2012) or from clinical support. There is a large population of parents who want to access non-clinical support and research has indicated that it may be appropriate to offer support to parents who are having difficulties in coping with their child's perceived disruptive behaviour so that the problems do not reach clinical level (Brenner & Fox, 1998; Patterson, Mockford, Barlow, Pyper, & Stewart-Brown, 2002). The effectiveness of an individualised parenting intervention designed to be used with a non-clinical population of parents on a one-to-one basis warrants investigation.

Key findings from research have shown that although short term effects occur in improving the parent-child relationship following the parents' attendance at a parenting programme, these are not sustained at follow up (Webster-Stratton, Rinaldi, & Jamila, 2011). This limitation suggests that the long-term effects of an intervention warrants further investigation. Other research has determined that there can be deteriorations in child behaviour following parenting interventions, but there can also be sustained and sleeper effect improvements (van Aar, Leijten, Orobio de Castro, & Overbeek, 2017). Much empirical research on parenting programmes has no control group as a comparison condition within the studies and many do not include a longitudinal element either (Dretzke et al., 2009; Lindsay, Strand & Davis, 2011). The lack of longitudinal control group data is often because the control group is offered the intervention at post-intervention stage. Research that both includes a control, non-intervention group and also collects longitudinal data was deemed to be warranted. This researcher aimed to address that limitation with this current study and the results are presented in this and the following chapter.

Coaching is acknowledged as a fast-growing profession and has developed into a method for personal change (Bresser & Wilson, 2006). Coaching has been investigated as an effective vehicle for change in the fields of business, education, health and sport but there

is no body of evidence on the effectiveness of coaching in the field of parenting support. Participants in coaching interventions often increase their confidence and self-efficacy (Bachkirova, 2004; Baron and Morin, 2009) and achieve personal change (Bachkirova & Cox, 2008). This researcher concluded that coaching warranted investigation as a change mechanism for parenting behaviours.

This study used a controlled non-randomised design with two groups of participants (a coaching group and a non-intervention group) to pilot the PRAISE coaching model. The study examined whether the intervention was effective in changing the coaching group participants' parenting behaviour from pre- to post-intervention. The study aims are detailed in the following hypotheses.

Hypothesis one: There will be a difference in reported parenting behaviour between measures taken at Time 1 and Time 2 in the coaching intervention condition. In particular, there will be a reduction in laxness, over-reactivity and verbosity reported at post-intervention compared to Time 1 as well as a reduction in the total scale score. In the non-intervention group there will be no difference in parenting behaviour between measures taken at Time 1 and Time 2.

Hypothesis two: There will be a difference in reported parenting skills, self-efficacy, empathy and their relationship with their child between measures taken at Time 1 and Time 2 in the coaching intervention condition. In particular, there will be an increase in empathy, feelings of being in control and coping with the pressures of parenting as well as an increase in the total scale score. In the non-intervention group there will be no difference in parenting skills, self-efficacy and the parent-child relationship between measures taken at Time 1 and Time 2.

Hypothesis three: There will be a difference in reported feelings of well-being between measures taken at Time 1 and Time 2 in the coaching intervention condition. In

particular, there will be a reduction in depression, anxiety and irritability. In the non-intervention group there will be no difference in depression, anxiety and irritability between measures taken at Time 1 and Time 2.

Hypothesis four: There will be a difference in reported child behaviour problems between measures taken at Time 1 (baseline) and Time 2 (post-intervention/10 weeks later) in the coaching intervention condition. Specifically, there will be lower conduct problems, hyperactivity/inattention, emotional problems and peer problems, and a reduction in the total difficulties score as well as higher prosocial behaviour reported at post-intervention compared to Time 1. In the non-intervention group there will be no difference in child behaviour problems between measures taken at Time 1 and Time 2.

Hypothesis five: The results for the telephone coaching and the face-to-face coaching groups for measures taken at Time 1 and Time 2 will be similar.

6.2 Data Collection

6.2.1 Participants.

Participant recruitment and participation was described in detail in Chapter 5. The timeline estimated for the coaching group participants was up to ten hour-long weekly sessions, but some coaching interventions lasted longer than ten weeks due to coaching sessions being rescheduled. The reasons for rescheduling included illness of the participant or their child or life event happening which meant caused a delay to the participant carrying out agreed actions. Some participants also took less than ten sessions to reach their goals.

As described in Chapter 5, recruitment of participants was carried out in two tranches. Initially ten participants took part out of the twenty-three who had expressed interest, which was a dropout rate of 57%. In the second recruitment tranche, a total of 156 links to the questionnaires were sent out to participants who expressed an interest in taking

part in this research study. The flowchart in Figure 6.1 shows the flow of participants through this stage of the study.

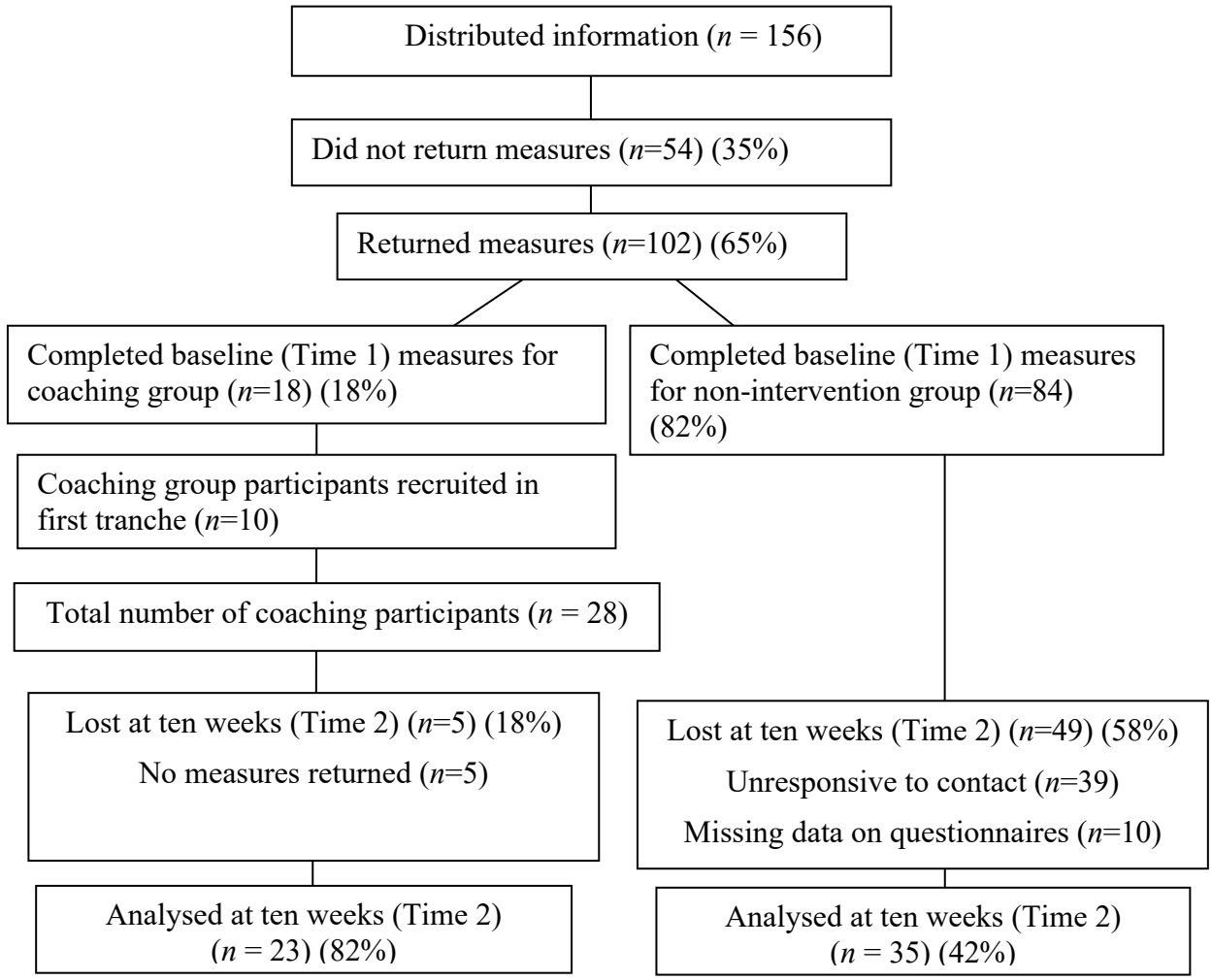


Figure 6.1. Flow of participants through Time 1 and Time 2 in the study

In order to examine baseline demographic differences between the coaching (*n*=23) and non-intervention (*n*=35) groups, preliminary analyses were performed examining differences in continuous variables (child age and parent age) using independent *t*-tests and categorical variables (child gender, parental time in education, housing status, working status and single parent status) using chi-squared tests of independence. The demographic characteristics of the participants are presented in Table 6.2.

6.2.2 Measures.

Data was collected in this study using participant-completed questionnaires. The measures can be found in Appendix F and detailed information about each measure is included in Chapter 5, Section 5.4. The variables measured were parenting behaviours (laxness, over-reactivity and verbosity) using the **Parenting Scale** (Arnold, O'Leary, Wolff, & Acker, 1993); parenting self-efficacy, the parent-child relationship and the participant's opinion of their parenting abilities (empathy, feelings of being in control, coping with the pressures of parenting) using the **Tool to Measure Parenting Self-efficacy (TOPSE)** (Kendall & Bloomfield, 2005); and parent well-being (depression, anxiety, irritability) using the **Adult Well-Being Scale** (Snaith, Constantopolous, Jardine, & McGuffin, 1978) and child behaviour (conduct problems, hyperactivity, emotional problems, peer problems and prosocial behaviour) using the **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997). The measures were described in detail in Section 5.4. There are clinical cut-off scores for three of the four measures included in this study: the SDQ, the Parenting Scale and the Adult Well-Being Scale. Table 5.3 in Chapter 5 gave a summary of each measure, detailing the subscales, the number of items in each subscale and indicating what a high score in each subscale denotes.

6.2.2.1 Parental feedback and evaluation from the coaching group.

Participants in the coaching group were given an evaluation form at Time 2 (Appendix H) which asked the participants how helpful they had found the intervention using a 10-point scale. A 10-point scale was also used for the participants to rate their confidence in their parenting skills at Time 2. The evaluation form also included six questions for them to answer as 'Yes', 'No, or 'Same'. The questions asked for the

participants' opinion on their parenting skills and behaviours at Time 2. The questions were:

- Has the intervention helped you to achieve your parenting goals?
- Has the intervention improved your relationship with your child?
- Have there been any improvements with your child's behaviour?
- Do you feel you have better systems in place to help you with your parenting?
- Does your home environment feel more relaxed as a result of these routines?
- Have there been any improvements with any siblings' behaviour? (where applicable).

The participants were finally asked whether they would change anything about the intervention and also for any comments about the coach. There were boxes on the feedback form in which the participants could freely write.

6.2.3 Procedure.

Participants who expressed an interest in taking part in the study were sent a web-link which was created using the Qualtrics software (Qualtrics Copyright © 2015). This web-link led to them to an information page (Appendix C) which explained in detail the nature of this study and provided contact details for the researcher, so participants had the opportunity to ask questions before taking part. Participants were able to start completing the forms and questionnaires online, leave the site and return at a later date to finish it if necessary. There was a box to tick to either agree or disagree to consent to take part in the study. 'Agree' had to be ticked in order to progress to the measures. Full ethical approval for this project was provided by the Ethics Committee of the Department of Health and Life Sciences within De Montfort University in accordance with the General Data Protection Regulation (GDPR), and in compliance with *British Psychological Society* ethical guidelines. Once consent was gained, participants completed a series of on-line self-report

measures (Appendix F). Participants could opt out of the study at any point during the completion of the measures.

Having completed the set of measures at Time 1, the participants in the coaching group agreed a date and time for their first coaching session and the participants in the non-intervention group were informed that they would be sent a second set of measures to complete after ten weeks. A comprehensive dataset was collected including variables that could reasonably be expected to influence the outcome of the study such as the participants' demographic characteristics. The researcher delivered the coaching intervention to all the coaching group participants, which meant that the participants had as similar an experience as possible. Time 1 and Time 2 measures were completed by both the coaching and non-intervention groups. Not all coaching participants received ten coaching sessions, but completed the Time 2 measures at the conclusion of their intervention. The researcher considered that this was appropriate as when the participants felt they had achieved their parenting goals sooner they deemed that they had completed their coaching intervention. Separate paired *t*-tests were run to compare the Time 1 and Time 2 scores for the non-intervention group. Time 2 measures were completed ten weeks after the Time 1 measures by the non-intervention group to match the maximum length of time allocated to the coaching participants. To examine whether there was an interaction between group and time on the variables 2 x 2 mixed analysis of variance (ANOVA) were conducted. Qualitative feedback was also collected from the coaching intervention group at Time 2.

6.2.4 Preliminary data analysis.

Statistical analysis was carried out using IBM SPSS 25 and a quantitative data set was created for the measures at Time 1 and Time 2 from the coaching and non-intervention groups. Shapiro Wilk normality tests revealed that all the variables were normally distributed, $p>.05$. Despite the slightly unequal sample sizes, ANOVA tests are generally

viewed as robust (Tabachnik & Fidell, 2013), so parametric tests of difference were carried out on the data with Levene's test for equality of variances and Mauchley's tests for sphericity reported.

A chi-square test of goodness-of-fit was performed to determine whether the coaching group and non-intervention group were equally matched for demographics. There were no significant ($p<.05$) differences between the two groups in any of the demographic variables: marital status, mean age of the participating parent, the child or the participants' partners; education, housing or employment status of either the participants or their partners (shown in Table 6.1).

Table 6.1

		Coaching (*n* = 23) (*SD*)	**Non-intervention (*n*=35) (*SD*)**	**Diff. (*Sig*)**
Sex	Parent	23 females (100%)	35 females (100%)	
	Child	10 male (43.5%) 13 female (56.5%)	24 male (69%) 11 female (31%)	3.60[a] (*p*=.058)
Marital Status	Single With partner	4 (17%) 19 (83%)	7 (20%) 28 (80%)	.061[a] (*p*=.804)
Mean Age	Parent (Mother)	37.57 (5.48)	35.86 (4.86)	21.93[b] (*p*=.288)
	Child	5.61 (1.80)	5.71 (2.07)	4.19[b] (*p*=.758)
	Partner	40.58 (7.14)	37.14 (5.25)	18.97[b] (*p*=.524)
Education	Until 16 yrs Until 18 yrs	4 (17%) 19 (83%	2 (6%) 33 (94%)	2.04[a] (*p*=.153)
Housing	Owner Private Rented Housing Association /Local Authority	19 (82%) 2 (9%) 2 (9%)	24 (69%) 10 (29%) 1 (2%)	3.93[a] (*p*=.140)
Working	Full time Part time Not working Training Voluntary work	4 (17%) 11(48%) 4 (17%) 1 (4%) 3 (13%)	6 (17%) 21 (60%) 8 (23%) 0 (0%) 0 (0%)	6.66[a] (*p*=.155)
Partner Working	Full time Part time Not working Training	17 (90%) 1 (5%) 1 (5%) 0 (0%)	25 (89%) 2 (7%) 1 (4%) 0 (0%)	0.14[a] (*p*=.933)

Baseline Descriptive Statistics of the Coaching and Non-intervention Groups

[a] Chi square analyses [b]Independent *t*-tests

Three of the four measures have suggested clinical cut-offs (SDQ, Parenting Scale and Adult Well-Being Scale). The number of participants in the coaching and non-intervention groups whose scores were above the clinical cut-off scores at Time 1 was calculated. Chi-square tests were used to examine whether there were any differences in the number of people who scored above vs below the clinical cut-offs for the measures. There were no significant differences found between the coaching group and the non-intervention group at Time 1. Tables for each measure are in Appendix K.

In order to compare differences in baseline scores between the experimental and non-intervention group for all dependent variables: parenting behaviour, parenting self-efficacy, parental well-being and child behaviour, independent-samples *t*-tests were conducted on the data collated from the measures. Then to examine change within each group separately (coaching and non-intervention), two sets of paired *t*-tests were carried out to examine differences between Time 1 and Time 2 scores in the dependent variables. In order to reduce the risk of a Type 1 error, a Bonferroni adjustment was used by dividing the alpha value (0.05) by the number of tests performed, which differed for each measure used and the significance value was adjusted for each scale.

To examine whether there was an interaction between group and time on the variables, all subscale scores were subjected to a set of 2 x 2 mixed analysis of variance (ANOVA) having one within participants factor with two levels of time (Time 1, Time 2) and one between participants factor with two levels of condition (coaching group, non-intervention group). The main effects of the ANOVAs were not examined as they would only examine a difference in scores of the within participant factor (Time 1 vs Time 2) or the between participants factor (coaching vs non-intervention) and would not convey any meaningful information about the effectiveness of the intervention. The purpose of these

analyses was to examine the interaction between group and time, in particular, whether the scores in the coaching group changed between Time 1 and Time 2 to a greater extent than in the non-intervention group. These ANOVA results were examined to determine whether the effect sizes exceeded Cohen's (1988) convention for a large effect ($\eta_p^2 \geq 0.14$). The 2 x 2 ANOVA interactions accommodated for the difference in baseline scores and therefore provided clear evidence about the pattern of change from Time 1 to Time 2 for the coaching and non-intervention groups.

As a test of hypothesis four that the results for the telephone coaching and the face-to-face coaching groups between measures taken at Time 1 and post-intervention in the coaching condition would be similar, independent *t*-tests were conducted to measure any difference between the scores of the face-to-face coaching group (n=8) and the telephone coaching group (n=15).

Table 6.11 shows a breakdown of the number of coaching sessions received by each participant according to the mode of delivery. All participants were offered up to ten coaching sessions. The intervention was mutually deemed completed by the participant and the coach when the participant felt they had successfully reached the goal they had set at the start of the intervention.

6.3 Results

6.3.1 Differences in reported parenting behaviours between the conditions (coaching vs non-intervention).

In order to compare scores on the Parenting Scale at Time 1 for the coaching group and the non-intervention group independent-samples *t*-tests were conducted (Table 6.2). The coaching group had higher (more problematic) scores at Time 1 for over-reactivity and the total parenting score, compared to the non-intervention group. There are suggested

clinical cut-off scores associated with this scale and there were no significant differences between the two conditions at baseline (see Appendix K).

Table 6.2.

Scale	Factors	Coaching (*n*=23) Mean (*SD*)	Non-intervention (*n*=35) Mean (*SD*)	*t* value (sig)
Parenting Scale	Laxness	2.88 (0.88)	2.38 (0.89)	2.11, (*p* =.040)
	Over-reactivity	3.30 (0.83)	2.45 (0.86)	**3.71, ***(*p*<.001)**
	Verbosity	3.98 (0.73)	3.78 (0.72)	1.01, (*p*=.317)
	Total Parenting Scale	3.56 (0.68)	3.01 (0.62)	**3.16, **(*p*=.003)**

Differences in Parenting Scale (Parenting Behaviour) Scores Between the Coaching and Non-intervention Participants at Time 1

Note: significant results are in bold. *p<.013 (Bonferroni adjusted significance value) **p<.01 ***p<.001

6.3.2 Differences in and interactions between reported parenting behaviours for each condition (coaching and non-intervention) between Time 1 and Time 2.

There were decreases in the laxness, the over-reactivity and the total Parenting Scale score in the coaching group between Time 1 and Time 2 (see Table 6.3). The non-intervention group reported an increase in the verbosity scores between Time 1 and Time 2 indicating they were significantly less effective in how they used words when dealing with unwanted behaviour from their children.

In order to evaluate whether the changes from Time 1 to Time 2 in reported parenting behaviours differed between the coaching and non-intervention groups mixed 2 x 2 ANOVAs were used to examine each subscale of the Parenting Scale to determine whether there was an interaction effect (see Table 6.3). It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2)

on the over-reactivity subscale (see figure 6.2) and the total parenting scale (see figure 6.3) indicating that individuals in the coaching intervention group reported reduced problematic parenting at Time 2 compared to Time 1, whereas there was no change in problematic parenting scores in the non-intervention group.

Table 6.3

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for Parenting Scale (Parenting Behaviour) Scores Between Time 1 and Time 2

Factors	**Coaching Group**				**Non-intervention Group**				
	Time 1 (n = 23) Mean (*SD*)	Time 2 (n = 23) Mean (*SD*)	Mean Diff	*t* value (*sig*)	Time 1 (n=35) Mean (*SD*)	Time 2 (n=35) Mean (*SD*)	Mean Diff	*t* value (*sig*)	*Interaction*
Laxness	2.89 (0.88)	2.45 (0.60)	0.44	**3.15, *(p=.005)**	2.39 (0.90)	2.17 (0.77)	0.22	1.49, (p=.146)	ns
Over-reactivity	3.30 (0.83)	2.41 (0.68)	0.89	**6.59, ***(p<.001)**	2.45 (0.86)	2.31 (0.99)	0.15	1.36, (p=.184)	**a
Verbosity	3.98 (0.74)	3.83 (0.51)	0.15	0.90, (p=.380)	3.78 (0.72)	4.17 (0.64)	-0.39	**-3.44, **(p=.002)**	**b
Total Parenting Scale	3.55 (0.68)	3.08 (0.54)	0.64	**3.54, **(p=.002)**	3.01 (0.62)	2.90 (0.59)	0.12	1.72, (p=.094)	**c

Note: significant results are in bold. *p<.013 (Bonferroni adjusted significance value)

**p<.01 ***p<.001

[a]Interaction between group and time on over-reactivity, $F(1,56) = 18.07$, p<.001, $\eta_p^2 = 0.26$

[b]Interaction between group and time on verbosity score, $F(1,56) = 7.70$, p=.008, $\eta_p^2 = 0.12$

[c]Interaction between group and time on total parenting score, $F(1,56) = 12.60$, p<.001, $\eta_p^2 = 0.18$

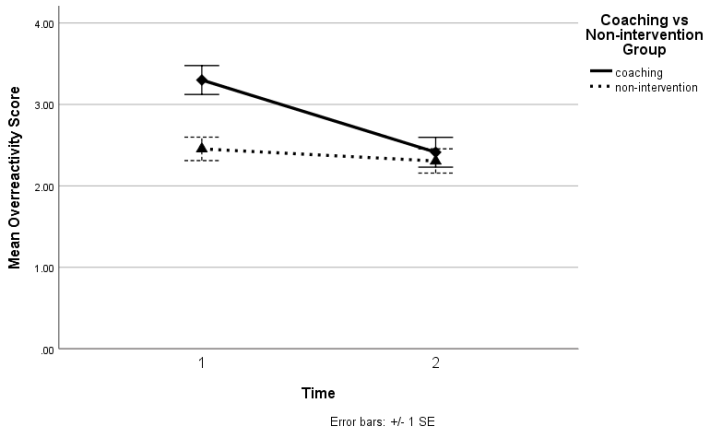


Figure 6.2. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on Parenting Scale over-reactivity subscale scores.

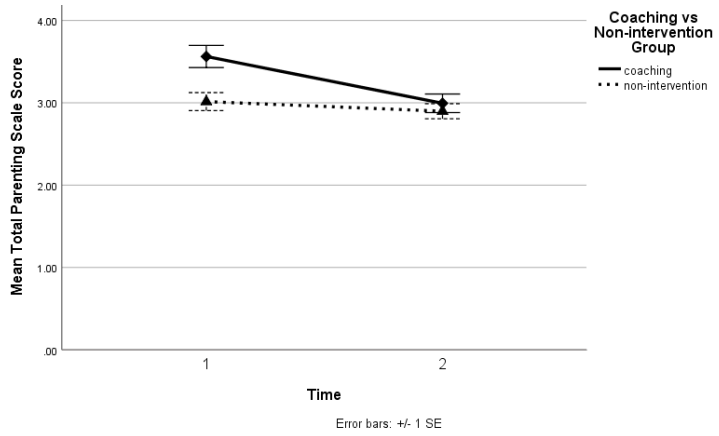


Figure 6.3. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on total Parenting Scale scores.

6.3.3 Differences in reported parenting skills, parenting self-efficacy, empathy, and the parent-child relationship between the conditions (coaching vs non-intervention)

In order to compare scores on the TOPSE Scale at Time 1 for the coaching group and the non-intervention group independent-samples *t*-tests were conducted (Table 6.4). The coaching group had lower (more problematic) scores at Time 1 in all subscales and the total scale score, compared to the non-intervention group. There were significant differences between the groups in four out of the eight subscales (empathy and

understanding, control, discipline and boundary setting and self-acceptance) and the total scale score at baseline (Table 6.4).

Table 6.4.

Differences in TOPSE (Parenting Skills, Parenting Self-efficacy, Empathy and the Parent-child Relationship) Scores Between the Coaching and Non-interventionl Participants at Time 1

Scale	Factors	Coaching (*n* = 23) Mean (*SD*)	Non-intervention (*n* = 35) Mean (*SD*)	*T* value (sig)
Tool to Measure Parenting Self-Efficacy	Emotion & affection	54.09 (4.86)	56.80 (3.10)	-2.38, (*p*=.023)
	Empathy & understanding	46.04 (8.23)	53.80 (4.09)	**-4.19, **(*p*<.001)**
	Play & enjoyment	48.30 (7.47)	52.94 (7.40)	-2.33, (*p*=.024)
	Control	33.39 (12.52)	46.71 (6.51)	**-4.70, **(*p*<.001)**
	Discipline & boundary setting	39.74 (10.84)	47.83 (6.92)	**-3.47, **(*p*<.001)**
	Pressures	36.17 (10.49)	40.63 (11.61)	-1.48, (*p*=.144)
	Self-acceptance	40.04 (8.91)	50.66 (8.92)	**-4.43, **(*p*<.001)**
	Learning & knowledge	49.69 (6.03)	52.14 (5.93)	-1.53, (*p*=.132)
	Total TOPSE	347.48 (51.02)	401.51 (38.69)	**-4.58, **(*p*<.001)**

Note: significant results are in bold. **p*<.006 (Bonferroni adjusted significance value)
***p*<.001

6.3.4 Differences in and interactions between reported parenting skills, self-efficacy, empathy, and the parent-child relationship for each condition (coaching and non-intervention) between Time 1 and Time 2.

There were increases in the emotion and affection, the empathy and understanding, the control, the discipline and boundary setting, the self-acceptance and the learning and knowledge subscales and the total TOPSE scale score between Time 1 and Time 2 (see Table 6.5). There was also a significant increase in the total TOPSE score. A higher score indicates improved parenting skills so these results indicated that the participants in the coaching group considered themselves to have better parenting skills, parenting self-efficacy

and a better relationship with their child at Time 2 than they had at Time 1. There were no significant differences between Time 1 and Time 2 for the non-intervention group.

In order to evaluate whether the changes from Time 1 to Time 2 in reported parenting skills differed between the coaching and non-intervention groups mixed 2 x 2 ANOVAs were used to examine each subscale of the TOPSE scale to determine whether there was an interaction effect (see Table 6.5). It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on the emotion and affection (see Figure 6.4), the empathy and understanding (see Figure 6.5), the control (see Figure 6.6), the discipline and boundary setting (see Figure 6.7), the self-acceptance (see Figure 6.8) and the learning and knowledge (see Figure 6.9) subscales and the total TOPSE scale (Figure 6.10).

Table 6.5

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for TOPSE (Parenting Skills, Self-efficacy, Empathy, and the Parent-child Relationship) Scores Between Time 1 and Time 2

Factors	**Coaching Group**				**Non-intervention Group**				
	Time 1 (*n* = 23) Mean (*SD*)	**Time 2 (*n* = 23) Mean (*SD*)**	**Mean Diff**	***t* value (sig)**	**Time 1 (*n* = 35) Mean (*SD*)**	**Time 2 (*n* = 35) Mean (*SD*)**	**Mean Diff**	***t* value (*sig*)**	***Interaction***
Emotion & affection	54.09 (4.86)	56.57 (3.36)	-2.48	**-3.07, *(*p*=.006)**	56.80 (3.10)	56.69 (3.74)	0.11	0.22, (*p*=.824)	**[a]
Empathy & understanding	46.04 (8.23)	51.04 (5.81)	-5.00	**-3.23, *(*p*=.004)**	53.80 (4.09)	53.40 (4.87)	0.40	0.60, (*p*=.552)	**[b]
Play & enjoyment	48.30 (7.47)	52.87 (6.22)	-4.57	-2.97, (*p*=.007)	52.94 (7.40)	52.89 (6.45)	0.06	0.08, (*p*=.937)	ns
Control	33.39 (12.53)	44.83 (7.11)	-11.43	**-4.75, **(*p*<.001)**	46.71 (6.51)	45.94 (7.15)	0.77	0.91, (*p*=.372)	**[c]
Discipline & boundary setting	39.74 (10.84)	49.04 (6.37)	-9.30	**-4.77, **(*p*<.001)**	47.83 (6.92)	47.40 (6.57)	0.43	0.38, (*p*=.705)	**[d]
Pressures	36.17 (10.50)	42.17 (9.36)	-6.00	-2.84, (*p*=.01)	40.63 (11.61)	39.77 (12.57)	0.86	0.58, (*p*=.569)	ns
Self-acceptance	40.04 (8.91)	49.91 (6.93)	-9.87	**-6.12, ***p*<.001)**	50.66 (8.92)	49.80 (8.21)	0.86	0.86, (*p*=.399)	**[e]
Learning & knowledge	49.70 (6.03)	53.91 (5.65)	-4.22	**-4.65, ***p*<.001)**	52.14 (5.93)	52.00 (6.65)	0.14	0.18, (*p*=.856)	**[f]

Total TOPSE	347.48 (51.02)	400.35 (37.90)	-52.87	**-6.36, ***p<.001)**	401.51 (38.69)	397.63 (38.94)	3.89	0.96, (p=.345)	**[g]

Note: significant results are in bold. *p<.006 (Bonferroni adjusted significance value) **p<.001

[a]Interaction between group and time on emotion and affection, $F(1.56) = 8.17$, $p = .006$, $\eta_p^2 = 0.13$.

[b]Interaction between group and time on empathy and understanding, $F(1,56) = 13.04$, p=.001, $\eta_p^2 = 0.19$

[c]Interaction between group and time on control, $F(1,56) = 30.46$, p<.001, $\eta_p^2 = 0.35$

[d]Interaction between group and time on discipline and boundary setting, $F(1,56) = 21.49$, p<.001, $\eta_p^2 = 0.28$

[e]Interaction between group and time on self-acceptance, $F(1,56) = 35.62$, p<.001, $\eta_p^2 = 0.39$

[f]Interaction between group and time on learning and knowledge, $F(1,56) = 12.91$, p<.05, $\eta_p^2 = .19$

[g]Interaction between group and time on total TOPSE score, $F(1,56) = 45.87$, p<.001, $\eta_p^2 = .45$

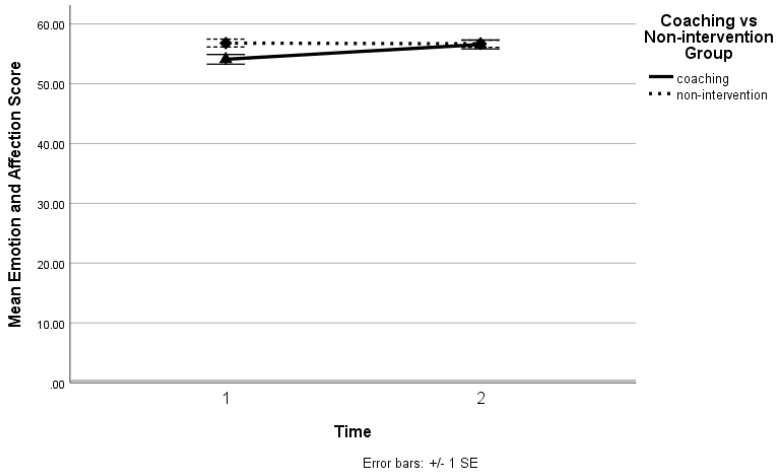


Figure 6.4. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE emotion and affection subscale scores.

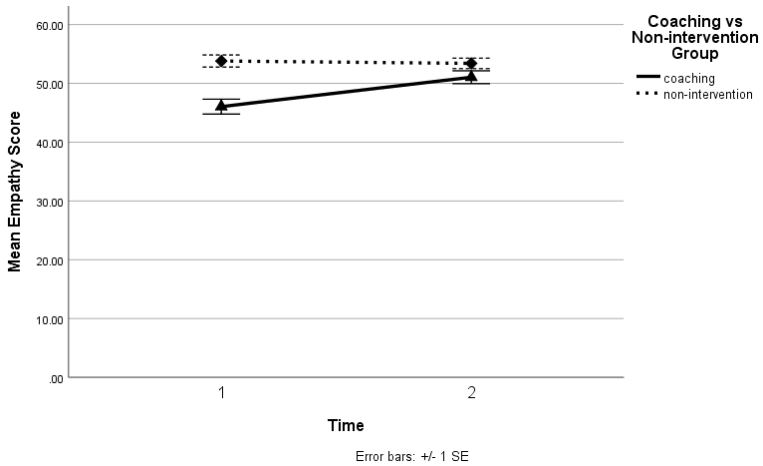


Figure 6.5. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE empathy and understanding subscale scores.

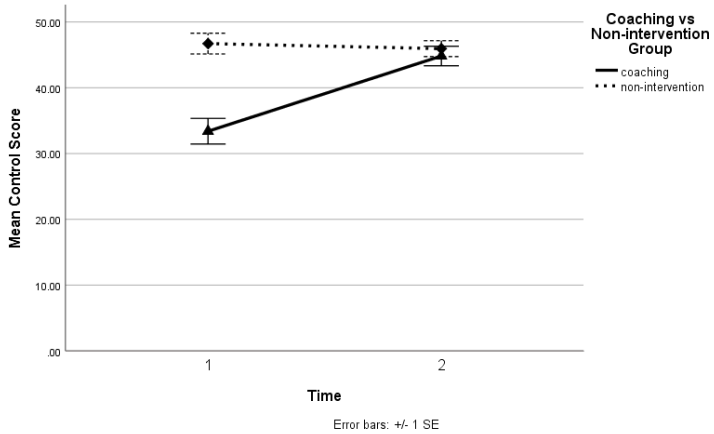


Figure 6.6. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE control subscale scores.

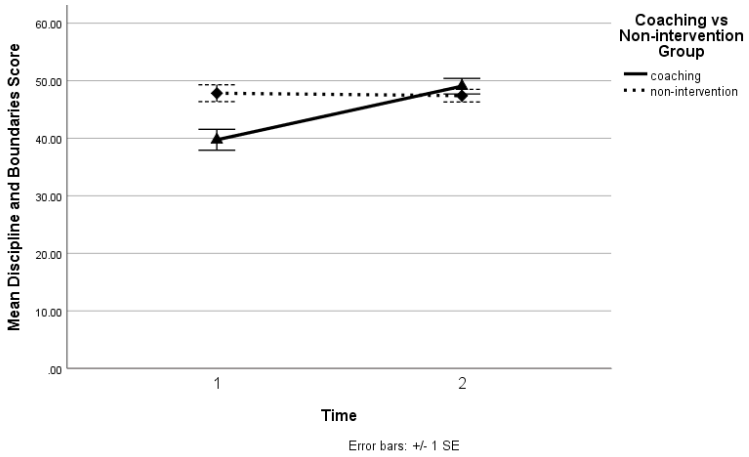


Figure 6.7. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE discipline and boundary setting subscale scores.

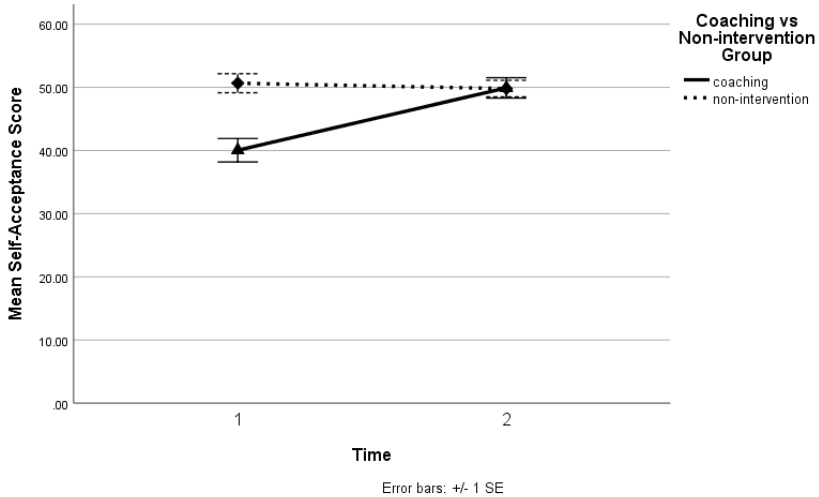


Figure 6.8. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE self-acceptance subscale scores.

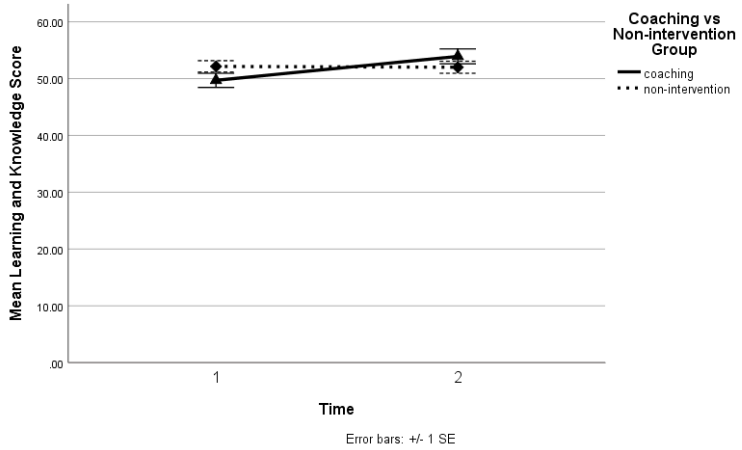


Figure 6.9. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE learning and knowledge subscale scores.

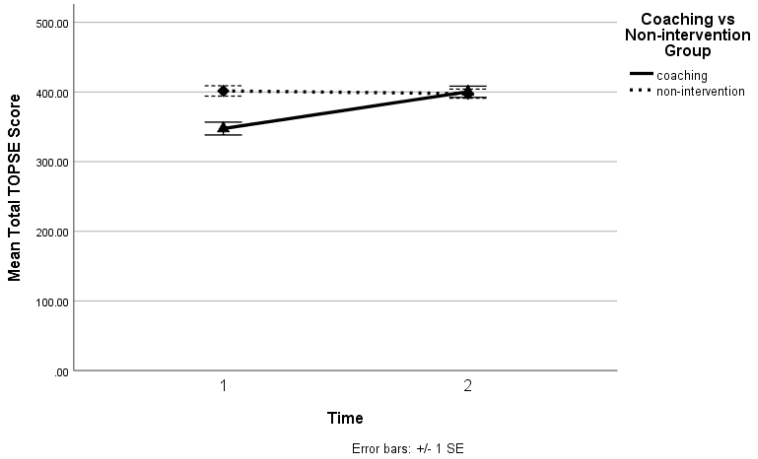


Figure 6.10. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on total TOPSE scores.

6.3.5 Differences in reported parental well-being between the conditions (coaching vs non-intervention) at Time 1.

In order to compare scores on the Adult Well-Being Scale (AWS) at Time 1 for the coaching group and the non-intervention group independent-samples *t*-tests were conducted (Table 6.6). There were no differences between the coaching and non-intervention groups at Time 1. although the scores indicated that the coaching group reported higher levels of anxiety and irritability at Time 1. There are suggested clinical cut-off scores associated with

this scale and there no significant differences between the two conditions at baseline (see Appendix K).

Table 6.6

Differences in AWS (Depression, Anxiety and Irritability) Scores Between the Coaching and Non-intervention Participants at Time 1

Scale	Factors	Coaching (*n* = 23) Mean (*SD*)	Non-intervention (*n* = 35) Mean (*SD*)	*T* value (sig)
Adult Well-Being Scale (AWS)	Depression	4.08 (2.04)	4.34 (2.93)	-0.36, (*p*=.717)
	Anxiety	7.09 (2.56)	5.66 (3.32)	1.75, (*p*=.085)
	Outwardly directed irritability	5.00 (1.86)	3.80 (2.03)	2.28, (*p*=.027)
	Inwardly directed irritability	3.48 (1.34)	3.11 (3.04)	0.54, (*p*=.591)

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value)

6.3.6 Differences in and interactions between reported parental well-being for each condition (coaching and non-intervention) between Time 1 and Time 2.

There were decreases in anxiety, directed irritability and inwardly directed irritability in the coaching group between Time 1 and Time 2 (see Table 6.7). There were no significant differences in the scores for the non-intervention group.

In order to evaluate whether the changes from Time 1 to Time 2 in reported parental well-being differed between the coaching and non-intervention groups mixed 2 x 2 ANOVAs were used to examine each subscale of the Adult Well-Being Scale to determine whether there was an interaction effect (see Table 6.7). It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on the anxiety subscale (see Figure 6.11), directed irritability subscale (see Figure 6.12) and inwardly directed irritability subscale (see Figure 6.13). These interactions indicate that individuals in the coaching intervention group reported reductions in feelings of anxiety and

irritability at Time 2 compared to Time 1, whereas there was no change in well-being scores in the non-intervention group. There is no total scale score for this measure.

Table 6.7

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for AWS (Depression, Anxiety and Irritability) Scores Between Time 1 and Time 2

Factors	Coaching Group				Non-intervention Group				*Interaction*
	Time 1 (*n* = 23) Mean (*SD*)	Time 2 (*n* = 23) Mean (*SD*)	Mean Diff	*t* value (sig)	Time 1 (*n* = 35) Mean (*SD*)	Time 2 (*n* = 35) Mean (*SD*)	Mean Diff	*t* value (sig)	
Depression	4.09 (2.04)	3.22 (2.37)	0.87	1.66, (*p*=.111)	4.34 (-2.93)	4.14 (2.72)	0.20	0.74, (*p*=.466)	ns
Anxiety	7.09 (2.56)	5.78 (1.68)	1.30	**3.19, **(*p*=.004)**	5.66 (3.32)	6.00 (2.06)	-0.34	-0.76, (*p*=.452)	*[a]
Outwardly directed irritability	5.00 (1.86)	3.74 (1.51)	1.26	**4.07, **(*p*<.001)**	3.80 (2.03)	4.00 (2.33)	-0.20	-0.84, (*p*=.407)	*[b]
Inwardly directed irritability	3.48 (1.34)	1.39 (0.94)	2.09	**7.84, ***(*p*<.001)**	3.11 (3.04)	2.87 (3.06)	0.14	0.37, (*p*=.713)	*[c]

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value)

***p*<.01 ****p*<.001

*[a]Interaction between group and time on anxiety, $F(1,56) = 65.45$, $p<.05$, $\eta_p^2 = .10$.

*[b]Interaction between group and time on directed irritability, $F(1,56) = 14.30$, $p<.001$, $\eta_p^2 = .20$.

*[c]Interaction between group and time on inwardly directed irritability, $F(1,56) = 13.85$, $p<.001$, $\eta_p^2 = .20$.

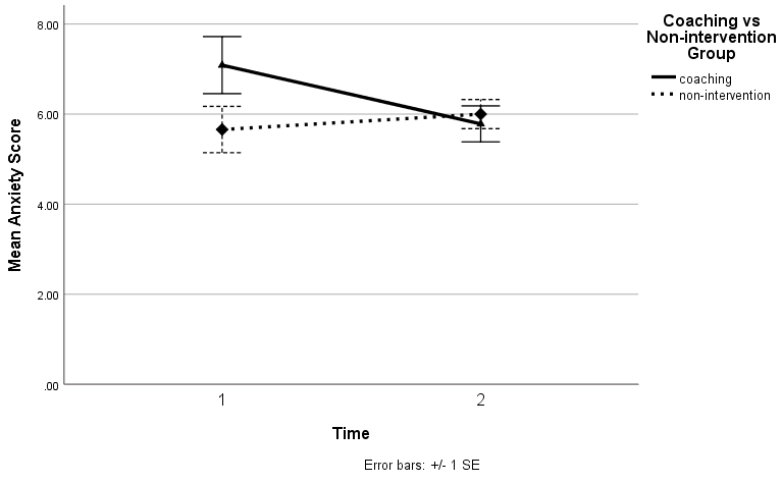


Figure 6.11. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on AWS anxiety subscale scores.

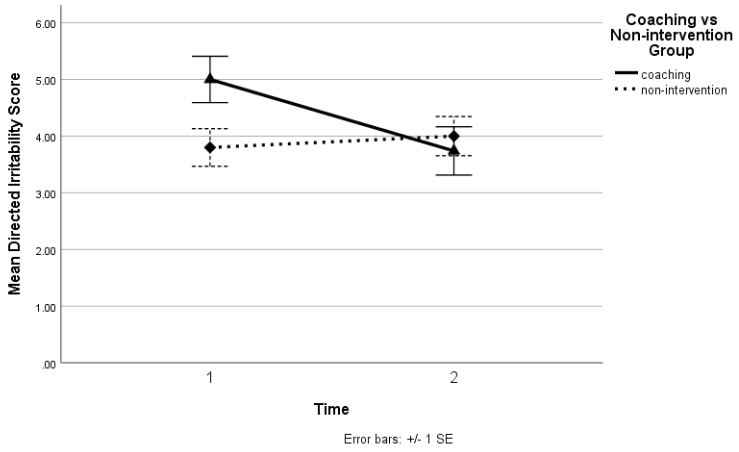


Figure 6.12. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on AWS outwardly directed irritability subscale scores.

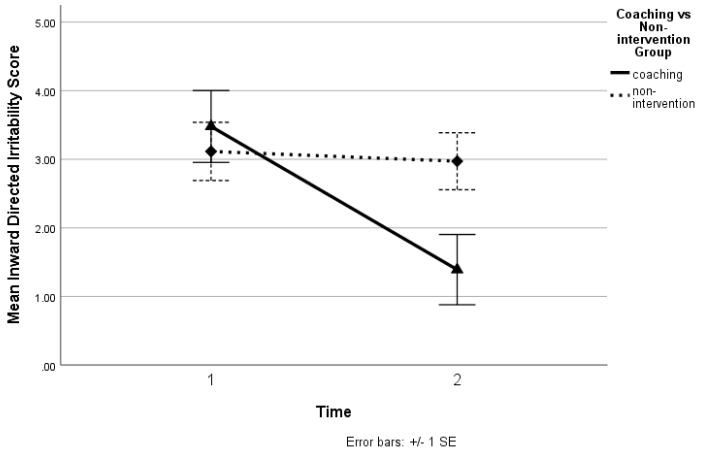


Figure 6.13. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on AWS inwardly directed irritability subscale scores.

6.3.7 Differences in reported child behaviour between the conditions (coaching vs non-intervention) at Time 1.

Parent-reported child behaviour scores were compared at Time 1 using data collected with the Strengths and Difficulties Questionnaire (SDQ). In order to compare scores on the SDQ at Time 1 for the coaching group and the non-intervention group independent-samples *t*-tests were conducted (Table 6.8). The coaching group had higher (more problematic) scores at Time 1 for child conduct problems, compared to the non-intervention group. There are bandings associated with this scale of 'normal', 'borderline' and 'abnormal' and there no were no significant differences between the two conditions at baseline (see Appendix K).

Table 6.8

Differences in SDQ (Child Behaviour) Scores Between the Coaching and Non-intervention Conditions at Time 1

Scale	Subscale	Coaching (*n* = 23) (*SD*)	Non-intervention (*n*=35) (*SD*)	*T* value (*sig*)
Strengths and Difficulties Questionnaire	Hyperactivity	5.26 (3.02)	4.20 (2.70)	1.40 (*p*=.168)
	Emotional problems	2.78 (2.28)	2.54 (2.16)	0.41 (*p*=.687)
	Conduct problems	4.04 (2.46)	1.54 (1.38)	**4.44 **(*p*<.001)**
	Peer problems	1.78 (1.93)	1.71 (2.22)	0.12 (*p*=.904)
	ProSocial	7.04 (2.42)	8.14 (1.77)	-2.00 (*p*=.051)
	Total Difficulties	13.87 (6.42)	10.00 (6.24)	2.29 (*p*=.026)

Note: significant results are in bold. **p*<.008 (Bonferroni adjusted significance value)
***p*<.001

6.3.8 Differences in and interactions between reported child behaviour for each condition (coaching and non-intervention) between Time 1 and Time 2.

Although there were reductions in hyperactivity, conduct problems, peer problems and the total difficulties score and increases in the prosocial score, there were no significant differences in the coaching group between Time 1 and Time 2 (see Table 6.9).

In order to calculate whether the changes from Time 1 to Time 2 in reported child behaviour differed between the coaching and non-intervention groups mixed 2 x 2 ANOVAs were used to examine each subscale of the SDQ to determine whether there was an interaction effect (see Table 6.9). No significant interactions were found. Graphs showing the interactions are in Appendix M.

Table 6.9.

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for SDQ (Child Behaviour) Scores Between Time 1 and Time 2

Factors	**Coaching Group**				**Non-intervention Group**				***Interaction***
	Time 1 (n = 23) Mean (SD)	Time 2 (n = 23) Mean (SD)	Mean Diff	T value (sig)	Time 1 (n = 35) Mean (SD)	Time 2 (n = 35) Mean (SD)	Mean Diff	t value (sig)	
ProSocial	7.04 (2.42)	7.91 (1.86)	-0.87	-2.29, (p=.032)	8.14 (1.77)	8.11 (2.21)	0.03	0.102, (p=.919)	ns
Hyperactivity	5.26 (3.02)	4.78 (3.34)	0.48	1.39, (p=.178)	4.20 (2.70)	4.51 (2.86)	-0.31	-1.22, (p=.233)	ns
Emotional problems	2.78 (2.28)	2.78 (2.37)	0.00	0.00, (p=1.00)	2.54 (2.16)	2.71 (2.54)	0.17	-0.55, (p=.585)	ns
Conduct problems	4.04 (2.46)	2.91 (2.17)	1.13	2.76, (p=.011)	1.54 (1.38)	1.51 (1.82)	0.03	0.12, (p=.902)	ns
Peer problems	1.78 (1.93)	1.65 (2.21)	0.13	0.59, (p=.560)	1.71 (2.22)	2.17 (2.08)	-0.46	-1.93, (p=.062)	ns
Total difficulties	13.87 (6.42)	12.13 (7.28)	1.74	1.83, (p=.081)	10.00 (6.24)	10.91 (1.14)	-0.91	-1.20, (p=.239)	ns

Note: significant results are in bold. *p<.008 (Bonferroni adjusted significance value)
**p<.001

6.3.9 Differences in outcomes according to the coaching delivery mode (face-to-face vs telephone)

In order to compare the number of coaching sessions participated in by the face-to-face participants and the number of coaching sessions participated in by the telephone participants independent-samples *t*-tests were conducted at Time 2. The results are shown in Table 6.10. There was no difference in the number of coaching sessions participated in by the face-to-face participants (M = 8.13, SD = 2.64) and the telephone participants (M = 8.53, SD = 2.64) $t(21) = 0.48$, $p = .653$. The mean number of coaching sessions per participant for the entire dyad was 8.39 sessions. The majority of the participants in each delivery mode received ten sessions.

Table 6.10

The Number of Coaching Sessions Completed by Face-to-face and Telephone Coaching Group Participants

No. of Sessions	Face to Face (n=8)	%	Telephone (n=15)	%
2	0	0	1	7
4	1	12.5	0	0
5	1	12.5	2	13
6	1	12.5	1	7
10	5	62.5	11	73

In order to compare scores on the measures for the variables between the face-to-face participants and the telephone participants at Time 1 and at Time 2 independent sample *t*-tests were conducted for each measure (see Appendix N). No significant differences were found for the Parenting Scale, TOPSE, AWS or SDQ, at Time 2 and no difference found for the Parenting Scale, TOPSE or SDQ at Time 1 There was, however, a significant reduction found in the AWS inwardly directed irritability subscale between the two groups of participants at Time 1 (see Table 6.11). Hypothesis five that the results for the telephone coaching and the face-to-face coaching groups between measures taken at Time 1 and Time 2 will be similar, was generally supported.

Table 6.11

Differences in AWS (Depression, Anxiety, and Irritability) Scores Between the Face-to-face Coaching and Telephone Coaching Participant Scores at Time 1 and Time 2

Subscales	**Telephone Coaching Group Time 1 (*n* = 15) Mean (*SD*)**	**Face-to-face Coaching Group Time 1 (*n* = 8) Mean (*SD*)**	**Mean Diff**	***t* value (*sig*)**	**Telephone Coaching Group Time 2 (*n* = 15) Mean (*SD*)**	**Face-to-face Coaching Group Time 2 (*n* = 8) Mean (*SD*)**	**Mean Diff**	***t* value (*sig*)**
Depression	4.33 (2.16)	3.63 (1.85)	-0.71	-0.79 (*p*=.441)	2.73 (1.71)	4.13 (3.23)	1.39	1.37 (*p*=.187)
Anxiety	6.67 (2.34)	7.88 (2.90)	1.21	1.08 (*p*=.291)	5.20 (1.12)	6.88 (1.96)	1.68	2.55 (*p*=.019)
Outwardly directed irritability	5.27 (2.05)	4.50 (1.41)	-0.77	-0.94 (*p*=.358)	4.00 (1.31)	3.25 (1.83)	-0.75	-1.14 (*p*=.268)
Inwardly directed irritability	4.00 (1.00)	2.50 (1.41)	-1.50	**-2.97 *(*p*=.007)**	1.47 (1.06)	1.25 (0.71)	-0.22	-0.52 (*p*=.610)

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value)

Table 6.12 provides a summary of significant differences in coaching group scores between Time 1 and Time 2 for each measure subscale.

Table 6.12

Summary of Significant Paired T-test Differences for Coaching Group for All Measures Between Time 1 and Time 2

Measure and Scale	Significant Difference Time 1 – Time 2
Parenting behaviour **Parenting Scale** (Arnold, O'Leary, Wolff, & Acker, 1993)	Laxness Over-reactivity Total Parenting Scale
Parenting skills, self-efficacy, empathy, parent-child relationship and overall intervention effectiveness **Tool to Measure Parenting Self-efficacy (TOPSE)** (Kendall & Bloomfield, 2005)	Emotion and affection Empathy and understanding Control Discipline and boundary setting Self-acceptance Learning and knowledge Total TOPSE Scale

Parenting well-being **Adult Well-Being Scale** (Snaith, Constantopolous, Jardine, & McGuffin, 1978) Child behaviour **SDQ** (Goodman, 1997)	Anxiety Outwardly directed irritability Inwardly directed irritability

6.4 Participant dropout analysis

In order to examine whether there were any baseline demographic differences between the coaching participants who completed the intervention (*n*=23) and those who dropped out (n=5) analyses in the form of independent *t*-tests were carried out for the continuous variables (child age and parent age) and chi-squared tests of independence were carried out for the categorical variables (child gender, parental time in education, housing status, working status and single parent status). When cell sizes were less than five in chi-square tests Fisher's exact tests were used to calculate the exact probability that the statistic was accurate (Field, 2011).

There was only one significant difference found at baseline according to the demographic variables and that was for housing status. There were significantly more homeowners in the group of participants who completed both sets of measures. Independent *t*-tests were conducted on the subscale scores and total scale scores for each of the four measures. There were no significant differences in baseline measures between those who completed the two sets of measures and those who completed only baseline measures.

6.5 Parental feedback and evaluation in the coaching condition at Time 2.

Feedback was provided by the parents on an ad hoc basis during coaching sessions. This was not formally captured, but several parents fed back to the coach that they often heard the coach's voice in their head when they were dealing with unwanted behaviour with their children. This internal dialogue is an indication that the coach contributed to their sense of self and therefore their self-efficacy by becoming an integral part of the

participants' thought processes. This inner conversation may indicate that the coach has become a 'significant other' to the participants, a phenomenon found in coaching research (Fusco, O'Riordan, & Palmer, 2016). Once the intervention had been completed, the participants in the coaching group (*n*=23) were asked to complete an evaluation form (Appendix H). This gathered qualitative data about the intervention they had received as well as assessing how helpful they had found the intervention using a 10-point scale. A 10-point scale was also used for the participants to rate their confidence in their parenting skills. The results are shown in the bar charts in Figure 6.14 and Figure 6.15 and show that all participants reported that the intervention was helpful (all scores were eight out of ten and above) and that their confidence in their parenting skills had increased (all scores were between seven and nine out of ten).

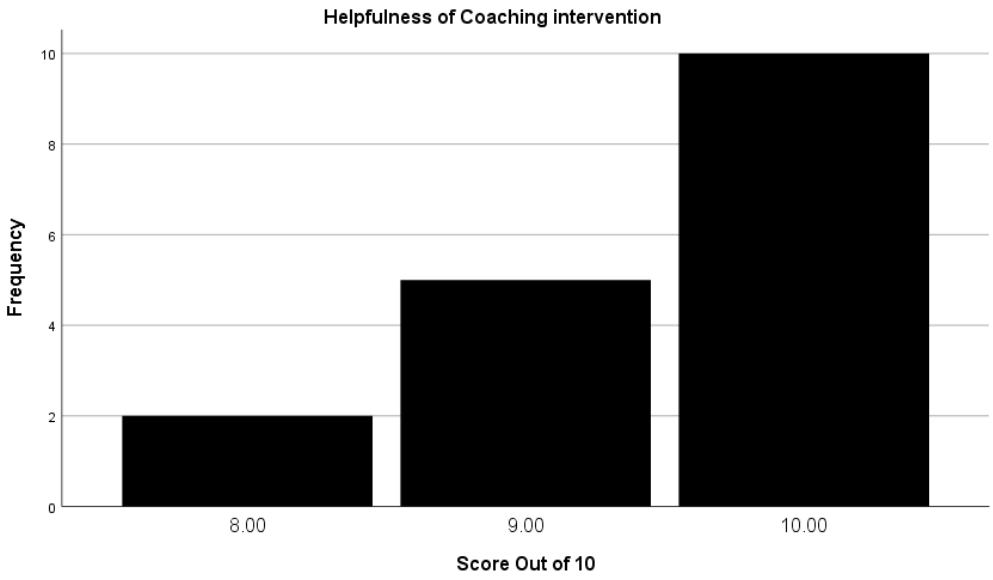


Figure 6.14: Bar chart to show the scores for the helpfulness of the coaching intervention from the evaluation forms of the coaching group participants at Time 2.

Figure 6.15: Bar chart to show the scores for the confidence in their parenting skills from the evaluation forms of the coaching group participants at Time 2.

There were further questions about parenting goal achievements and whether there were improvements in areas of their lives such as their relationship with their child, their child's behaviour, their parenting systems and their home environment which had 'yes', 'no' and 'same' answer options. The participants were also asked whether they would change anything about the intervention and given space to free-write their responses as well as any comments about the coach who had provided the intervention (see Appendix L). There was some indication within these responses that the parents had experienced significant critical moments during the coaching intervention. A significant critical moment is usually something positive and is linked with an important outcome for the person being coached. Critical moments are turning points which involve new realisations by the person being coached, or sometimes the coach (De Haan, Bertie, Day, & Sills, 2010).

Table 6.13 shows the results from the 'yes', 'no', 'same' answers from the evaluation forms. The data in this table matches results collected from the measures in terms of the participants' perceptions of their relationship with their child and their child's behaviour.

Table 6.13

Feedback from Coaching Group at Time 2 (n=23)

Question	Yes (%)	No (%)	Same (%)
Has the intervention helped you to achieve your parenting goals?	23 (100%)	0 (0%)	0 (0%)
Has the intervention improved your relationship with your child?	21 (91%)	0 (0%)	2 (9%)
Have there been any improvements with your child's behaviour?	22 (96%)	0 (0%)	1 (4%)
Do you feel you have better systems in place to help you with your parenting?	22 (96%)	0 (0%)	1 (4%)
Does your home environment feel more relaxed as a result of these routines?	21 (91%)	0 (0%)	2 (9%)
Have there been any improvements with any siblings' behaviour (where applicable). (*n*=18)	16 (89%)	0 (0%)	2 (11%)
Is there anything you would change or improve about the intervention?	4 (17%)	19 (83%)	n/a

Seventeen participants from the coaching group wrote comments on the evaluation form on whether there was anything that they would change or improve about the intervention and feedback about the coach. This feedback can be found in Appendix L. Some comments on what the participants might change were that:

"there should be more sessions/last longer" (Participant 5); "it would be lovely to access the intervention again in the future at times of stress/trouble" (Participant 22); " it should be rolled out to everyone in the country"(Participant 35); and "it would have been great to be face-to-face at times" (Participant 46).

This last suggestion was given by a telephone coaching participant who understood that it had not been practical to have a face-to-face delivery of the intervention.

The written comments were grouped into common themes and the content was analysed by the researcher. The percentage of the respondents is given in brackets after each theme. The emerging themes mentioned by more than one coaching group participant included:

1. The helpfulness of the intervention was mentioned by nine participants (53%).
2. Talking things through/discussions was mentioned by seven participants (41%).
3. Acquiring new parenting skills and the ability to adapt parenting 'tools' was mentioned by six participants (36%).
4. The non-judgmental approach of the coaching intervention was mentioned by five participants (29%).
5. Feeling listened to was mentioned by three participants (18%)
6. Thinking about child in a different way/Started to see things from child's perspective was mentioned by two participants (12%).

The following comment is representative of the feedback from the coaching participants who provided written comments:

> The coach listened without judging and helped me to come up with new ways to look at things. The coach always seemed interested in what I was saying. In the past I have felt that parenting courses just repeated things that I knew I ought to be doing but that were not working for me for some reason. With the coach I felt I could discuss this and change things or just agree that some things don't work for everyone instead of feeling pressured to try it. Brilliant. (Participant 19, Appendix L)

Another participant's comment reflected on the coaching process: "I felt relaxed, able to be honest and confident that the conversation would be useful" (Participant 52).

6.6 Discussion

The main aim of this study was to test PRAISE, a new solution-focused coaching intervention. There were no significant differences between the coaching group scores and the non-intervention group scores in the dependent variables at Time 1. However, generally, the coaching group's scores were lower than the non-intervention group in several subscales in the measures (emotion and affection and discipline and boundary setting in TOPSE), which might explain why the parents in the coaching group were seeking help with their parenting. It could therefore be surmised that the coaching group participants' relationship with their child would be less than good at Time 1. In comparison with the coaching group, the non-intervention group had higher scores for SDQ prosocial behaviour, and TOPSE emotion and affection and self-acceptance at Time 1. The non-intervention group also had lower scores than the coaching group for SDQ emotional problems, conduct problems and peer problems, and AWS depression and inwardly directed irritability. This group was not seeking parenting support and it was therefore unsurprising that the scores reflected their good perceptions of their parenting behaviour, their child's behaviour and their feelings of well-being. This difference in scores, although not significant, could provide an explanation for which parents chose to be in which intervention group.

The variation in the number of sessions participated in by the parents in the coaching group was not a factor considered by the researcher when analysing the data. This was because the participants who completed Time 2 questionnaires considered that they had reached their goals and deemed that they had completed the intervention.

The findings presented in this chapter indicated that this new coaching intervention led to changes across many parenting variables in the study, though there were no child behaviour changes. Although the sample was small, differences from Time 1 to Time 2 in

many of the measures for the variables for the coaching group were significant, implying that the intervention had been effective in improving the participants' parenting practices. These improvements suggest that after participating in the coaching intervention the parents were less likely to give in inappropriately to their child or to overreact to their child's behaviour. These findings are consistent with the findings of previous research and support the conclusion that changes in harsh and ineffective parenting may predict and mediate changes in child behaviour (Beauchaine, Webster-Stratton, & Reid, 2005; Forgatch & DeGarmo, 1999). These results are also consistent with findings in previous research that linked poor child behaviour with inept parental discipline (Eddy, Leve, & Fagot., 2001; Hoeve et al., 2009). Unlike much previous research on coaching interventions, this study included a non-intervention group. This research found that there were improvements in terms of parenting skills in those parents coached using the PRAISE model and no such changes were seen in the non-intervention group. This suggests that it was the PRAISE coaching intervention that caused the improvement in parenting skills.

6.6.1 Hypothesis one

Hypothesis one stated that there would be a difference in reported parenting behaviour when dealing with unwanted child behaviour between measures taken at Time 1 and Time 2 in the coaching intervention condition. In particular, the hypothesis stated that there would be a reduction in laxness, over-reactivity and verbosity reported at post-intervention compared to Time 1 and in the non-intervention group there would be no difference in parenting behaviour between measures taken at Time 1 and Time 2. The paired *t*-test results found a significant difference in the laxness and over-reactivity scores for the coaching intervention group between Time 1 and Time 2 scores as well as a significant difference in the total Parenting Scale scores. This hypothesis was therefore partially supported.

6.6.2 Hypothesis two

Hypothesis two was that there will be a difference in reported parenting skills, self-efficacy, empathy, and the parent-child relationship between measures taken at Time 1 and Time 2 in the coaching group, and, in particular, an increase in empathy, feelings of being in control and coping with the pressures of parenting as well as an increase in the total scale score. In the non-intervention group there will be no difference in parenting skills, self-efficacy, empathy, and the parent-child relationship between measures taken at Time 1 and Time 2. This hypothesis was supported.

The PRAISE coaching model acknowledges the importance of self-efficacy. In order to cope with life's trials and difficulties, people need to have high self-efficacy (Maddux, 2012). The improvements in the TOPSE empathy and understanding subscale and the emotion and affection subscale found in this study are supported by Maddux's belief that self-efficacy can be developed and honed over time to give a person the feeling of control over their own actions, their circumstances, thoughts and emotions. In the non-intervention group there was no difference in parenting skills, self-efficacy and the parent-child relationship between measures taken at Time 1 and Time 2. The results obtained in this study for the coaching group are similar to findings in other research on parenting programmes (Bloomfield, & Kendall, 2012). The implication is that the coaching intervention using the PRAISE model has supported the participants to improve their parenting skills, their self-efficacy and their relationship with their child. The interactions found between group and Time for the total TOPSE scores is evidence to support the effectiveness of the PRAISE intervention for the coaching group participants.

6.6.3 Hypothesis three

Hypothesis three stated that there will be a difference in reported feelings of well-being between measures taken at Time 1 and Time 2 in the coaching intervention group. In

particular, there will be a reduction in depression, anxiety, and irritability. In the non-intervention group there will be no difference in depression, anxiety, and irritability between measures taken at Time 1 and Time 2. There was a reduction in the scores for the coaching intervention group for depression between Time 1 and Time 2 and significant reductions in the scores for anxiety and irritability. This hypothesis was therefore partly supported by the findings.

6.6.4 Hypothesis four

Hypothesis four was that there will be a difference in reported child behaviour problems between measures taken at Time 1 and Time 2 in the coaching intervention group. In particular, there will be fewer conduct problems, lower levels of hyperactivity/inattention, fewer emotional problems, and fewer peer problems, and a lower total difficulties score as well as higher prosocial behaviour reported at Time 2 compared to Time 1. In the non-intervention group there will be no difference in child behaviour problems between measures taken at Time 1 and Time 2. This hypothesis was not supported.

Significant reductions in anxiety, outwardly directed irritability and inwardly directed irritability scores were found in the coaching group scores in this study and research has previously found that improving maternal feelings of well-being is a mediator of intervention effects on child behaviour (Shaw, Connell, Dishion, Wilson, & Gardner, 2009; Weaver, Shaw, Dishion, & Wilson, 2008). The findings from this research study are consistent with the previous research where findings have shown improved reported feelings of well-being together with reported improvements in child's conduct problems. Parent-reported improvements in child conduct problems were found in this current study, but there was no significant difference between Time 1 and Time 2 although the difference in the coaching group scores approached significance. It could be that the improved maternal

well-being will drive later changes to child behaviour over time. This may mean that following the sample at ten weeks is early post-intervention.

6.6.5 Hypothesis five

This hypothesis was that the results for the telephone coaching and the face-to-face coaching groups between measures taken at Time 1 and Time 2 will be similar was supported by the findings. This is consistent with the findings in previous research that telephone coaching is effective in improving lifestyle habits (Aoun, Osseiran-Moisson, Shahid, Howat, & O'Connor, 2012) and in improving self-efficacy and mental health (Grant, 2003; Opdenacker & Boen, 2008). The comparison of the outcome scores showed that there was not a significant difference in outcomes dependent on whether PRAISE was delivered face-to-face or over the telephone. However, the small sample size means that these findings should be treated with caution and it was not possible to verify whether one method is better than another. It is also important to note that there was no significant difference in the number of sessions requested by both coaching groups.

6.6.6 Parental feedback and evaluation in the coaching group

The feedback provided by the parents in the coaching group at Time 2 supported the effectiveness of the PRAISE coaching model evidenced in the responses collected from the questionnaires. There were some commonalities among the comments which identified key coaching techniques such as listening (Bresser & Wilson, 2006), collaboration (O'Connell & Palmer, 2008) and reframing (O'Connell, Palmer, & Williams, 2012). In addition, empathy was a factor mentioned by the parents in their feedback.

6.6.7 Strengths and Limitations

This study had a number of strengths. This was a quasi-experimental intervention study and measurements were performed at pre- and post-intervention for the coaching intervention group and at baseline and ten weeks later for the non-intervention group. Some

qualitative feedback was gathered concerning parents' perceptions of the intervention and of their parenting skills/behaviours.

A strength of the study was the low dropout rate of participants in the coaching group from Time 1 to Time 2 (18%). This could be because the parents who volunteered to take part in the study were more motivated than other parents having problems with their children's behaviour as suggested by Wilson et al. (2012). The motivation of the parents wanting to take part was not explored in this study. These parents may have had more reason to persevere with the intervention and they may have found the intervention was making a positive difference to their parenting.

The findings of the study in this chapter support the use of the PRAISE coaching model as an intervention that will coach parents to increase their confidence in their parenting skills, their feelings of self-efficacy and well-being, their enjoyment of being a parent and in improving their children's problem behaviour. However, it may be that child behaviour takes longer to change and the measures taken immediately at the end of the intervention (Time 2) may be too soon to see significant changes. This confirms the usefulness of including follow-up measures in the research study. These enable a determination of whether any positive changes are sustained and also whether improvements are seen in more variables after changes have become embedded in parent practices. This is why the follow-up study was carried out (see Chapter 7).

However, there were also several limitations. The research was conducted on quite a homogenous sample, consisting solely of mothers. The participants were self-selected and may not be representative of a general population and may have been especially motivated to achieve their goals because of their interpretation of their children's behaviour. Further, the design may have induced a demand effect in that the coaching group participants may have felt they had to report making progress and enhanced parenting behaviours in order to

please the researcher. The implication of this would be that the results might not be generalisable to other populations of parents. However, the feedback from the coaching group implies that there was no demand effect.

The next chapter presents and examines the follow-up results to examine any sustained effect of the PRAISE coaching intervention on child behaviour, parenting behaviour, parenting skills, self-efficacy, the parent-child relationship and parental well-being six months after the end of the coaching intervention.

Chapter 7. Follow-up Study : Sustained Effects on Child Behaviour, Parenting Style, Parenting Self-efficacy, Parental Empathy and Parental Well-being Six Months Post Intervention

7.1 Overview

The results from the analysis of the data collected at Time 1 and Time 2 (baseline and after ten weeks/ten coaching sessions) were presented in the previous chapter. The results showed that the PRAISE coaching intervention improved participants' views of their parenting skills, their self-efficacy and their well-being.

This chapter contains the analysis of the data collected from the set of measures completed by participants in the coaching group and the non-intervention group six months after they had completed Time 2 questionnaires. This time point is called Time 3.

Research on the long-term outcomes of parenting interventions is discussed at the start of this chapter. The aim and hypothesis for this follow-up data analysis are then stated and the method used is described. The results at Time 3 are compared with the results obtained at Time 2 and are also compared with the data collected at Time 1. Differences in the results according to the mode of delivery of the coaching intervention are explored and feedback from the coaching participants is presented. Finally, a discussion of this chapter and focus for the following chapter is provided.

7.2 Research on the Long-term Effects of Parenting Interventions

It has been shown that parenting interventions reduce problematic child behaviour at the post-intervention stage (Menting, Orobio de Castro, & Matthys, 2013; Piquero et al., 2016). Most published studies on parenting interventions include short-term impact data from parents and there are few which include follow-up data on parent outcomes (Moran, Ghate, & van der Merwe, 2004). Less is therefore known about the long-term maintained effects of parenting interventions. There have been reviews of the literature (Lundahl,

Risser, & Lovejoy, 2006; Sandler, Schoenfelder, Wolchik, & MacKinnon, 2011) where Lundahl, Risser, and Lovejoy found that of the sixty-three studies included in their review, three provided long-term data on child behaviour and three provided data on parental perceptions towards parenting such as parent-related stress and parental confidence, but they found no studies which reported the long-term impact of the parenting interventions on parenting behaviour. However, Lundahl, Risser and Lovejoy suggested that greater emphasis on the quality of the relationship, as well as the inclusion of reasoning strategies, may promote more lasting effects of improved child behaviour. The review of forty-six trials of parenting programmes conducted by Sandler, Schoenfelder, Wolchik, and MacKinnon (2011) focused on the outcomes for children rather than parents. They found overwhelming evidence of effective parenting having a long-term mediating effect on children's mental, emotional and behavioural disorders within the research on parenting programmes that were included in their review. However, previous research on parenting programmes has shown that the short-term effects of improving the parent-child relationship are not always sustained at follow up (Stewart-Brown et al., 2004; Webster-Stratton, Rinaldi, & Jamila, 2011). Children naturally develop as they get older and relationships between parent and child also naturally change and it has been suggested that parents need to be able to adapt their parenting skills and behaviours to these changes (Maughan, Rowe, Messer, Goodman, & Meltzer, 2004). These findings indicate that parenting interventions are likely to have a positive effect on those areas specifically covered by the intervention in the short-term but may not provide parents with strategies to apply effectively to new challenges with their children which occur after the end of the intervention.

Since the start of this research study, three patterns of change in child behaviour following parenting interventions have been identified (van Aar et al., 2017). These were: sustained effects as a result of the reciprocal parent-child relationship having been changed;

fade-out effects where the small changes made during the intervention have not altered family dynamics; and sleeper effects where the small changes made during the intervention have a snowball reinforcing effect. To counteract fade-out effects, the suggestion was made by van Aar et al. that parents need to continue to use any new skills they developed during the parenting intervention in order to sustain any changes in child behaviour achieved by the end of the intervention.

7.3 Aim and Hypothesis

It was noted by Wilson et al. (2012), that most studies on parenting interventions that include a waiting-list group offer an intervention to that group at the post-intervention stage and therefore do not collect comparable follow-up data. The follow-up element of this study aimed to investigate the long-term effects of the PRAISE coaching intervention by collecting a third set of data six months after Time 2 (post-intervention/ten weeks after Time 1). This collection of follow-up data was also utilised to make between-group comparisons between the data from the non-intervention group questionnaires at Time 3 and the data from the coaching group questionnaires at Time 3.

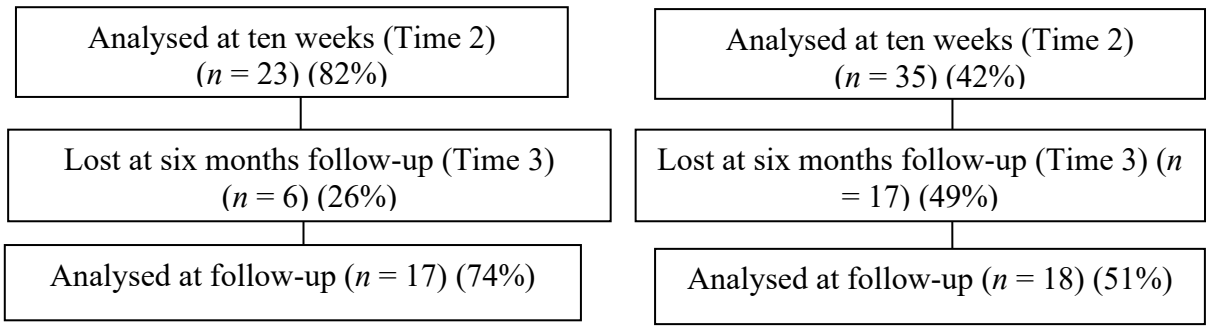
The hypothesis for this follow-up element, **hypothesis six**, was that the differences specified in hypotheses one to five for the outcomes of the dependent variables will be sustained after six months, at Time 3 for the coaching intervention group when compared with Time 2 and Time 1. In the non-intervention group there will be no difference in the outcomes for the dependent variables at Time 3 compared with Time 2 and Time 1.

7.4 Data Collection

7.4.1 Participants.

Thirty-five participants completed the third set of questionnaires six months after completing the second set (Time 3): seventeen participants in the coaching group and eighteen in the non-intervention group. Figure 7.1 shows the flow of participants through this study from Time 2 to Time 3.

Figure 7.1. Flow of participants through Time 2 and Time 3 in the study



The demographic characteristics of the coaching and non-intervention groups were compared at Time 3 and are described in section 7.5.1 (Table in Appendix O).

7.4.2 Measures.

A third set of four measures were completed by the coaching group and the non-intervention group. These were the same participant-completed questionnaires used at Times 1 and 2. The measures can be found in Appendix F and detailed information about each measure is included in Chapter 5, Section 5.4. The variables measured were parenting behaviours (laxness, over-reactivity and verbosity) using the **Parenting Scale** (Arnold, O'Leary, Wolff, & Acker, 1993); parenting self-efficacy, the parent-child relationship and the participant's opinion of their parenting abilities (empathy, feelings of being in control, coping with the pressures of parenting) using the **Tool to Measure Parenting Self-efficacy (TOPSE)** (Kendall & Bloomfield, 2005); and parent well-being (depression, anxiety, irritability) using the **Adult Well-Being Scale** (Snaith, Constantopolous, Jardine, & McGuffin, 1978) and

child behaviour (conduct problems, hyperactivity, emotional problems, peer problems and prosocial behaviour) using the **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997).

7.4.2.1 Parental feedback and evaluation from the coaching group.

The participants in the coaching group were sent a feedback and evaluation form with their questionnaires at Time 3 (see Appendix I). The evaluation form was sent to the participants electronically to reduce the impact of the researcher's presence on the feedback. The feedback evaluation form started with three questions to be answered either 'yes' or 'no'. The coaching participants were asked:

1. Have you continued to use the skills you gained through the coaching intervention?
2. Do you need more support with your parenting?
3. Would you recommend the coaching intervention to other parents?

There were further questions for the coaching participants to score on a scale of zero to ten, about the participant's relationship with their child and their confidence in their parenting abilities.

7.4.3 Procedure.

The participants in the coaching group and the non-intervention group who completed measures at Time 2 were sent a third set of questionnaires at Time 3, six months after Time 2. The coaching group participants were also sent a feedback and evaluation form.

This part of the study collected follow-up data to examine the long-term effectiveness of the PRAISE coaching model as part of the main quasi-experimental study testing the PRAISE coaching model. The inclusion of a follow-up element in this thesis was important as this data enabled the researcher to look at cause and effect. This follow-up

section of the research compares the outcomes of measures for the dependent variables of parenting behaviour, self-efficacy, parental well-being and child behaviour. These measures were completed at Time 3 by both the intervention group and the non-intervention group. The set of questionnaires were distributed via the Qualtrics software programme (Qualtrics Copyright © 2015). The study was a non-randomised mixed design study with two groups of participants: one was a group of parents who had received a coaching intervention using PRAISE and the other was a group of parents who had been a non-intervention group and received no intervention. The design for this study was a 2 x 3 mixed ANOVA to determine whether there was an interaction effect between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3)..

7.4.4 Preliminary data analysis

Statistical analysis was carried out using IBM SPSS 25 and a quantitative data set was created for the Time 3 measures for each group of participants.

Analyses in the form of independent *t*-tests for continuous variables and chi-squared tests of independence for categorical variables were carried out to identify any differences in demographic details between the participants in the coaching intervention group (n=17) and the participants in the non-intervention group (n=18) at Time 3. When cell sizes were less than five in chi-square tests Fisher's exact tests were used to calculate the exact probability that there was a difference between the coaching and non-intervention group (Field, 2013).

There were no significant ($p<.05$) differences between the two groups in any of the demographic characteristics: marital status, mean age of the participating parent, the child or the participants' partners; education, housing or employment status of either the participants or their partners (see Appendix O).

In order to compare differences in Time 3 scores between the experimental and non-intervention group for all dependent variables: parenting behaviour; parenting self-efficacy,

parental well-being and child behaviour, independent-samples *t*-tests were conducted on the data collated from the measures. Then to examine change within each group separately (coaching and non-intervention), two sets of paired *t*-tests were carried out to examine differences between Time 2 and Time 3 scores and Time 1 and Time 3 scores in the dependent variables. In order to reduce the risk of a Type 1 error, a Bonferroni adjustment was used by dividing the alpha value (0.05) by the number of tests performed, which differed for each measure used and the significance value was adjusted for each scale.

To examine whether there was an interaction between group and time on the variables, all subscale scores were subjected to a set of 2 x 3 mixed analysis of variance (ANOVA) having one within participants factor with three levels of time (Time 1, Time 2. Time 3) and one between participants factor with two levels of condition (coaching group, non-intervention group). The main effects of the ANOVAs were not examined as they would only examine a difference in scores of the within participant factor (Time 1 vs Time 2) or the between participants factor (coaching vs non-intervention) and would not convey any meaningful information about the effectiveness of the intervention. The purpose of these analyses was to examine the interaction between group and time, in particular, whether the scores in the coaching group changed between Time 1 and Time 3 to a greater extent than in the non-intervention group. These ANOVA results were examined to determine whether the effect sizes exceeded Cohen's (1988) convention for a large effect ($\eta_p^2 \geq 0.14$). The 2 x 3 ANOVA interactions accommodated for the difference in baseline scores and therefore provided clear evidence about the pattern of change from Time 1 to Time 3 for the coaching and non-intervention groups.

7.5 Results

7.5.1 Differences in reported parenting behaviours for each condition (coaching and non-intervention) between Time 2 and Time 3.

In order to compare scores for on the Parenting Scale at Time 2 and Time 3 for the coaching group and to compare scores on the Parenting Scale at Time 2 and at Time 3 for the non-intervention group paired-samples *t*-tests were conducted. The results (shown in Table 7.1) showed a significant decrease in the verbosity and total Parenting Scale score in the coaching group scores. A low score indicates better parenting, so these results indicated that the participants in the coaching group felt they were significantly less verbose and that they had better parenting skills at Time 3 compared with Time 2. For the non-intervention group participants, the results presented in Table 7.1 show that there was a significant increase in the verbosity score at Time 3 compared with Time 2.

Table 7.1

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for Parenting Scale (Parenting Behaviour) Scores Between Time 2 and Time 3

	Factors	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = 18)**		
		Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)
Parenting Scale	Laxness	2.39	2.28	0.11, (0.43) (*p*=.322)	2.35	2.39	-0.04, (0.62) (*p*=.835)
	Over-reactivity	2.34	2.55	-0.22, (0.60) (*p*=.152)	2.52	2.69	-0.18, (0.65) (*p*=.244)
	Verbosity	3.79	3.16	**0.63, (0.85) *(*p*=.007)**	3.99	3.47	**0.52, (0.74) *(*p*=.002)**
	Total Scale	3.06	2.69	**0.37, (0.42) *(*p*=.002)**	3.04	2.78	0.25, (0.43)(*p*=.036)

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value)
***p*<.01 ****p*<.001

7.5.2 Differences in and interactions between reported parenting behaviours for each condition (coaching and non-intervention) between Time 1 and Time 3.

In order to compare scores on the Parenting Scale at Time 1 and Time 3 for the coaching group and to compare scores on the Parenting Scale at Time 1 and at Time 3 for the non-intervention group paired-samples *t*-tests were conducted. The results (shown in Table 7.2) showed decreases in every subscale and the total scale score in the coaching group between Time 1 and Time 3. The non-intervention group reported a significant decrease in the total Parenting Scale score indicating that there was a significant improvement in parenting behaviour generally, but no significant improvement in scores for laxness, over-reactivity or verbosity.

In order to evaluate whether the changes from Time 1 to Time 2 to Time 3 in reported parenting behaviour (Parenting Scale) differed between the coaching and non-intervention groups mixed 2 x 3 ANOVAs were used to examine each subscale of the Parenting Scale to determine whether there was an interaction effect (see Table 7.3). It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on the over-reactivity scale (see Figure 7.2), and the total parenting scale (see Figure 7.3), indicating that individuals in the coaching intervention group reported reduce problematic parenting at Time 3 compared to Time 1, whereas there was no change in problematic parenting in the non-intervention group.

Table 7.2

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for Parenting Scale (Parenting Behaviour) Scores between Time 1 and Time 3

Scale	**Factors**	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = 18)**			**Interaction**
		Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	

Parenting Scale	Laxness	2.84	2.28	**0.56, (0.62) **(*p*=.002)**	2.36	2.39	-0.03, (0.65) (*p*=.837)	ns
	Over-reactivity	3.31	2.55	**0.75, (0.65) ***(*p*=.001)**	2.67	2.69	-0.02, (0.72) (*p*=.857)	**[b]
	Verbosity	3.97	3.16	**0.82, (0.74) ***(*p*<.001)**	3.80	3.47	0.33, (0.74) (*p*=.074)	ns
	Total Scale	3.55	2.69	**0.86, (0.43) ***(*p*<.001)**	3.09	2.78	**0.31, (0.67) (**(*p*=.007)**	**[d]

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value) ***p*<.01 ****p*<.001

[b]Interaction between group and time on over-reactivity, $F(2,32) = 9.46$, $p<.001$, $\eta_p^2 = 0.22$.

[d]Interaction begtween group and time on total parenting score $F(2,32) = 7.43$, $p=.001$, $\eta_p^2 = 0.18$.

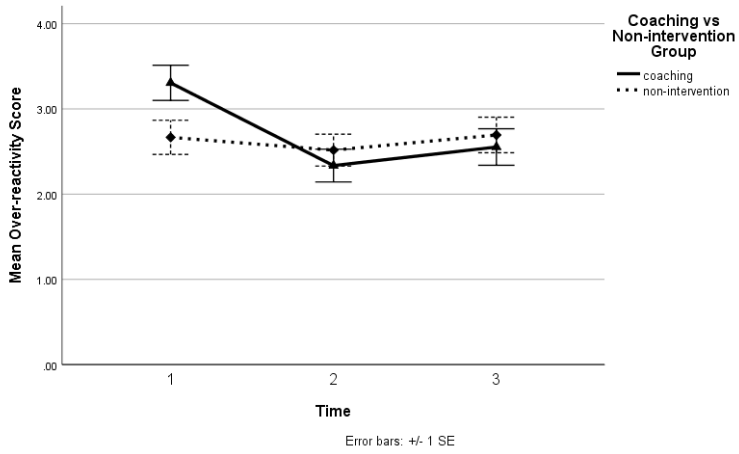


Figure 7.2. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on Parenting Scale over-reactivity subscale scores.

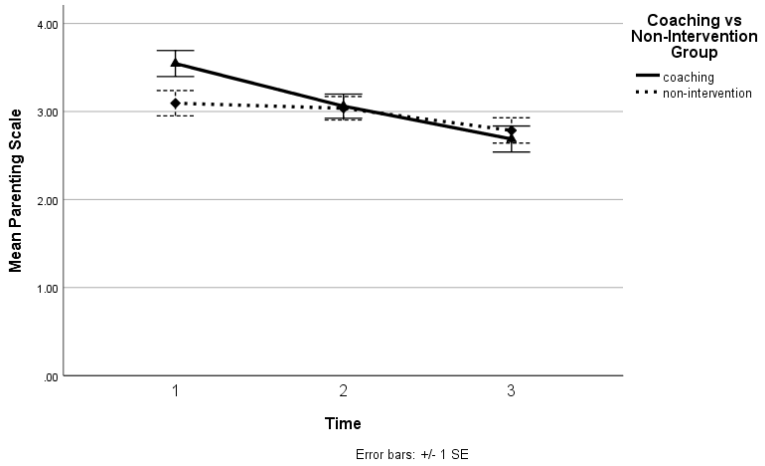


Figure 7.3: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on total Parenting Scale scores.

7.5.3 Differences in reported parenting skills, self-efficacy, empathy, and parent-child relationship for each condition (coaching vs non-intervention) between Time 2 and Time 3.

In order to compare scores on the TOPSE Scale at Time 2 and at Time 3 for the coaching group and the non-intervention group paired-samples *t*-tests were conducted. (Table 7.3). showed no significant differences in the scores for either the coaching group or the non-intervention group from Time 2 to Time 3. The coaching group had higher scores in all subscales than the non-intervention group but there were no significant differences between the Time 2 and Time 3 scores for either group.

Table 7.3

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for TOPSE (Parenting Skills, Self-efficacy, Empathy, and the Parent-child Relationship) Scores Between Time 2 and Time 3

Scale	**Factors**	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = 18)**		
		Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)

Tool to Measure Parenting Self-efficacy	Emotion & Affection	56.88	56.71	0.18, (4.73) (p=.880)	56.00	55.83	0.17, (3.33) (p=.834)
	Empathy & Understanding	51.71	52.41	-0.71, (4.30) (p=.508)	52.89	51.89	1.00, (4.26) (p=.333)
	Play & Enjoyment	53.35	52.41	0.94, (4.78) (p=.428)	50.89	48.94	1.94, (6.36) (p=.212)
	Control	45.71	44.06	1.65, (6.19) (p=.289)	44.78	46.06	-1.28, (7.91) (p=.502)
	Discipline & Boundary Setting	49.41	47.35	2.06, (5.41) (p=.136)	46.89	45.67	1.22, (5.84) (p=.387)
	Pressures	43.35	45.53	-2.18, 11.17) (p=.434)	37.72	36.56	1.17, (9.71) (p=.617)
	Self-Acceptance	49.88	48.00	1.88, (5.34) (p=.165)	46.67	44.11	2.56, (7.13) (p=.147)
	Learning & Knowledge	54.71	53.94	0.76, (4.58) (p=.501)	48.72	48.67	0.06, (6.81) (p=.973)
	TOPSE	405.00	400.41	4.59, (31.62) (p=.558)	384.56	377.72	6.83, (29.11) (p=.333)

Note: significant results are in bold. *p<.006 (Bonferroni adjusted significance value)

7.5.4 Differences in and interactions between reported parenting skills, self-efficacy, empathy, and parent-child relationship for each condition (coaching vs non-intervention) between Time 1, Time 2 and Time 3.

There were increases (improvements) in the control, the self-acceptance and the total TOPSE score in the coaching group between Time 1 to Time 3 A higher score indicates improved parenting skills so these results indicated that the participants in the coaching group considered themselves to be more in control, to have better parenting self-efficacy and improved parenting skills generally (total TOPSE score) between Time 1 and Time 3. The non-intervention group reported a significant decrease in the self-acceptance score between Time 1 and Time 3 indicating that they felt they were doing less well as a parent.

Table 7.4

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for TOPSE (Parenting Skills, Self-efficacy, Empathy, and the Parent-child Relationship) Scores Between Time 1 and Time 3

Scale	Factors	Coaching Group (*n* = 17)			Non-intervention Group (*n* = 18)			Interaction
		Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	
Tool to Measure Parenting Self-Efficacy	Emotion & Affection	54.59	56.71	-2.18, (4.30) (*p*=.059)	56.17	55.83	0.33, (4.75) (*p*=.770)	ns
	Empathy & Understanding	46.41	52.41	-6.00, (8.76) (*p*=.012)	52.44	51.89	0.56, (6.02) (*p*=.700)	**[a]
	Play & Enjoyment	47.88	52.41	-4.53, (8.70) (*p*=.048)	51.06	48.94	2.11, (4.85) (*p*=.082)	**[b]
	Control	33.29	44.06	**-10.76, (10.56) (**p=.001)**	46.28	46.06	0.28, (7.58) (*p*=.902)	**[c]
	Discipline & Boundary Setting	38.65	47.35	-8.71, (10.20) (*p*=.008)	47.39	45.67	1.72, (6.99) (*p*=.311)	**[d]
	Pressures	37.18	45.53	-8.35, (11.12) (*p*=.007)	40.72	36.56	4.17, (10.52) (*p*=.111)	**[e]
	Self-Acceptance	39.82	48.00	**-8.18, (8.60) **(p=.001)**	48.39	44.11	**4.28, (5.78) **(p=.006)**	**[f]
	Learning & Knowledge	49.71	53.94	-4.24, (5.77) (*p*=.008)	49.94	48.67	1.28, (6.34) (*p*=.404)	**[g]
	Total TOPSE	347.53	400.41	**-52.88, (47.55) **(p<.001)**	392.39	377.72	14.67, (36.73) (*p*=.109)	**[h]

Note: significant results are in bold. **p*<.006 (Bonferroni adjusted significance value)
***p*<.001

[a]Interaction between group and time on empathy and understanding, F(2,32) = 5.59, p=.006, η_p^2 =.17.

[b]Interaction between group and time on play and enjoyment, F(2,32) = 6.33, p=.003, η_p^2 =.58.

[c]Interaction between group and time on control, F(2,32) = 13.57, p<.001, η_p^2 =.29.

[d]Interaction between group and time on discipline and boundary setting, F(2,32) = 12.60, p<.001, η_p^2 =.28.

eInteraction between group and time on pressure, F(2,32) = 7.12 p=.002, η_p^2 =.18.

[f]Interaction between group and time on self-acceptance, F(2,32) = 17.76, p<.001, η_p^2 =.35.

[g]Interaction between group and time on learning and knowledge, , $F(2,32) = 6.42$, p=.003, η_p^2 =.16.

[h]Interaction between group and time on the total TOPSE score, $F(2,32) = 21.31$, p<.001, η_p^2 =.39.

In order to evaluate whether the changes from Time 1 to Time 2 to Time 3 in reported parenting skills differed between the coaching and non-intervention groups mixed 2 x 3 ANOVAs were used to examine each scale of TOPSE to determine whether there was an interaction effect (see Table 7.4). It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on the empathy and understanding scale (see Figure 7.4), the play and enjoyment scale (see Figure 7.5), the control scale (see Figure 7.6), the discipline and boundary setting scale (see Figure 7.7), the pressures scale (see Figure 7.8), the self-acceptance scale (see Figure 7.9), the learning and knowledge scale (see Figure 7.10) and the total TOPSE score (see Figure 7.11). These findings indicate that the individuals in the coaching intervention group reported improved parenting skills, self-efficacy, empathy, parent-child relationship at Time 3 compared to Time 1, whereas there was no change in these scores in the non-intervention group.

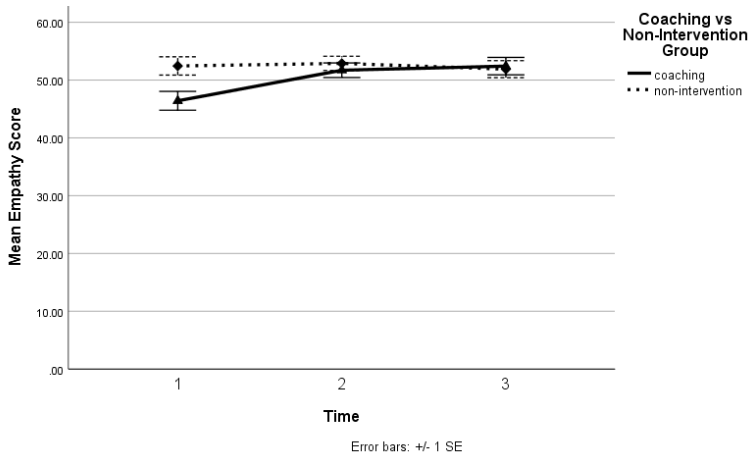


Figure 7.4: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE empathy and understanding subscale scores.

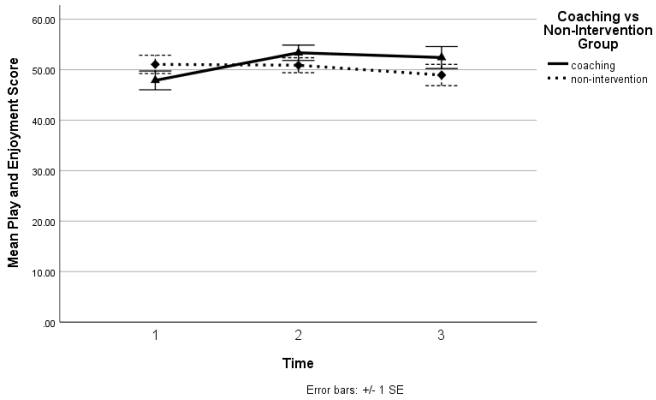


Figure 7.5: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE play and enjoyment subscale scores.

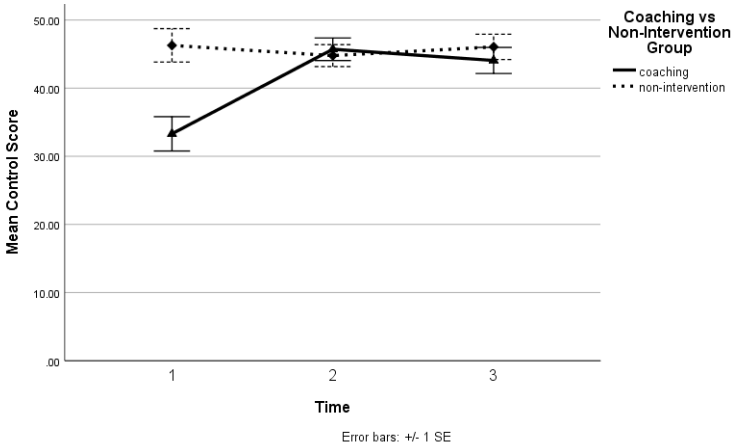


Figure 7.6: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE control subscale scores.

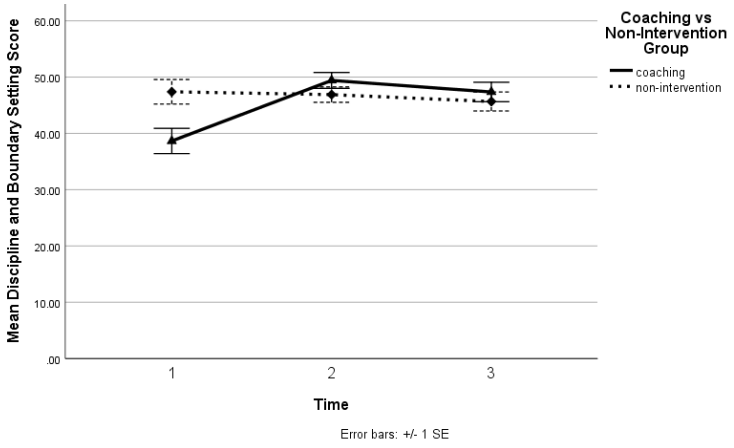


Figure 7.7: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE discipline and boundary setting subscale scores.

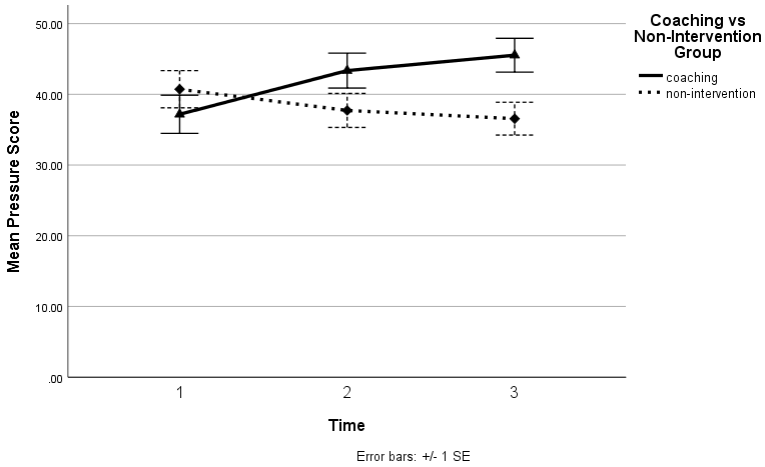


Figure 7.8: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE pressure subscale scores.

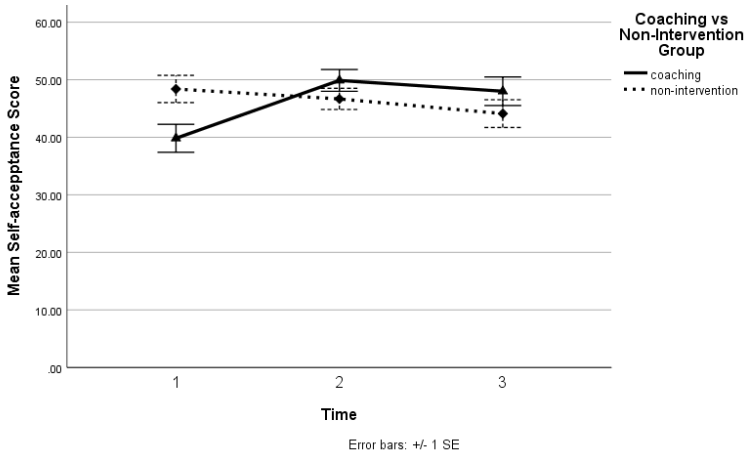


Figure 7.9: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE self-acceptance subscale scores.

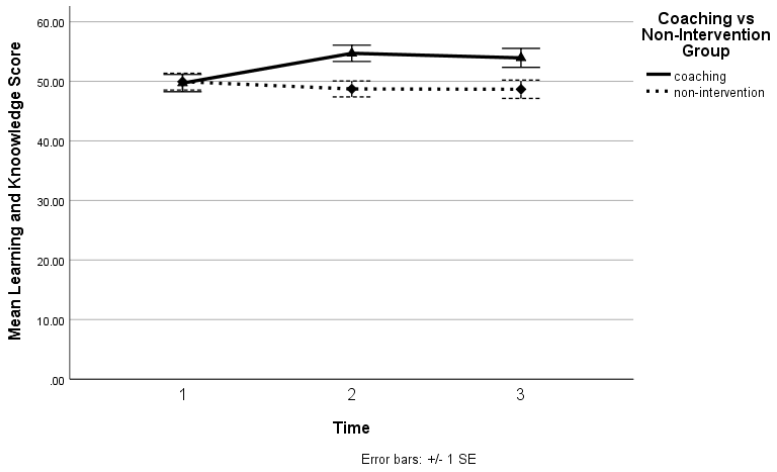


Figure 7.10: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on TOPSE learning and knowledge subscale scores.

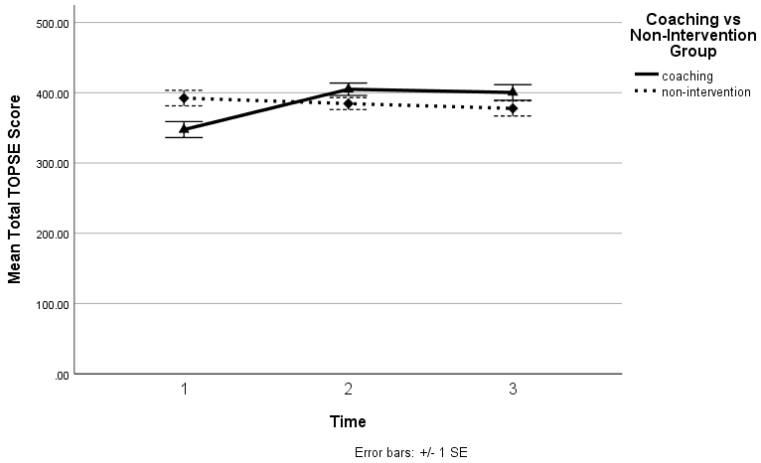


Figure 7.11: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on total TOPSE scores.

7.5.5 Differences in reported parental well-being for each condition (coaching and non-intervention) between Time 2 and Time 3.

In order to compare scores on the AWS at Time 2 and at Time 3 for the coaching group and the non-intervention group paired-samples *t*-tests were conducted (Table 7.5). There were no significant differences in the scores for either the coaching group or the non-intervention group between Time 2 and Time 3.

Table 7.5

Paired T-test Differences in Each Condition (Coaching and Non-intervention) for AWS (Depression, Anxiety and Irritability) Scores Between Time 2 and Time 3

Scale	**Factors**	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = *18)***		
		Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 2 Mean	Time 3 Mean	Mean Diff (SD) (sig)
Adult Well-Being Scale	Depression	2.18	2.65	-0.47 (0.80) (*p*=.027)	4.61	4.50	0.11 (0.80) (*p*=.695)
	Anxiety	5.12	4.47	0.65 (1.66) (*p*=.127)	6.61	5.94	0.67 (1.66) (*p*=.167)
	Outwardly Directed Irritability	3.41	3.65	-0.24 (0.97) (*p*=.332)	4.67	5.00	-0.33 (0.97) (*p*=.357)
	Inwardly Directed Irritability	1.29	1.76	0.47 (1.01) (*p*=.072)	3.67	3.56	0.11 (1.01) (*p*=.801)

Note: significant results are in bold. *p<.013 (Bonferroni adjusted significance value) **p<.01 ***p<.001

7.5.6 Difference in and interactions between reported parental well-being for each condition (coaching and non-intervention) between Time 1 and Time 3.

In order to compare scores on the AWS at Time 1 and at Time 3 for the coaching group and the non-intervention group paired-samples *t*-tests were conducted. There were decreases in depression, anxiety, directed irritability and inwardly directed irritability in the coaching group between Time 1 and Time 3 (see Table 7.6). The non-intervention group reported no significant differences between Time 1 and Time 3. These findings indicated that the individuals in the coaching group felt less depressed and anxious and less irritable six months after finishing their interventions whereas there was no change in well-being scores in the non-intervention group.

In order to evaluate whether the changes from Time 1 to Time 2 to Time 3 in reported parental well-being differed between the coaching and non-intervention groups mixed 2 x 3 ANOVAs were used to examine each subscale of the Adult Well-Being Scale to

determine whether there was an interaction effect (see Table 7.6).. It was found that there was an interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on the depression score (see Figure 7.12), and both irritability scores (see Figures 7.13 and 7.14), indicating that individuals in the coaching intervention group reported reduced scores and therefore improved feelings of well-being at Time 3 compared to Time 1, whereas there was no change in well-being scores in the non-intervention group. The line graph of the interaction from the remaining subscale is presented in Appendix P.

Table 7.6

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for AWS (Depression, Anxiety and Irritability) Scores Between Time 1 and Time 3

Scale	**Factors**	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = 18)**			**Interaction**
		Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	Time 1 Mean	Time 3 Mean	Mean Diff (SD) (sig)	
Adult Well-Being Scale	Depression	3.88	2.65	**1.24 (1.30) **(*p*=.001)**	4.67	4.50	0.17 (1.30) (*p*=.528)	**[a]
	Anxiety	6.29	4.47	**1.82 (1.98) **(*p*=.002)**	6.22	5.94	0.28 (1.98) (*p*=.645)	ns
	Outwardly Directed Irritability	4.82	3.65	**1.18 (1.38) **(*p*=.005)**	4.17	5.00	-0.83 (1.38) (*p*=.027)	**[b]
	Inwardly Directed Irritability	3.35	1.76	**1.59 (1.62) **(*p*=.001)**	3.61	3.56	0.06 (1.62) (*p*=.881)	**[c]

Note: significant results are in bold. **p*<.013 (Bonferroni adjusted significance value) ***p*<.01 ****p*<.001

[a] Interaction between group and time on depression, $F(2,32) = 8.66$, $p<.001$, $\eta_p^2 = .21$.

[b]Interaction between group and time on directed irritability, $F(2,32) = 12.17$, $p<.001$, $\eta_p^2 = .27$.

[c]Interaction between group and time on inwardly directed irritability, $F(2,32) = 8.79$, $p=.000$, $\eta_p^2 = .21$.

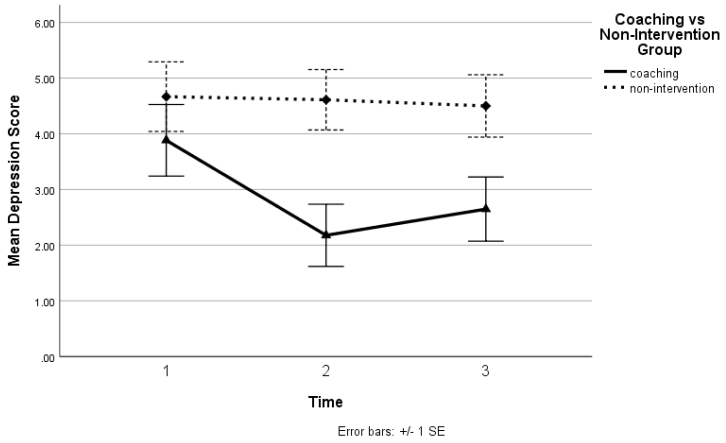


Figure 7.12: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on AWS depression subscale scores.

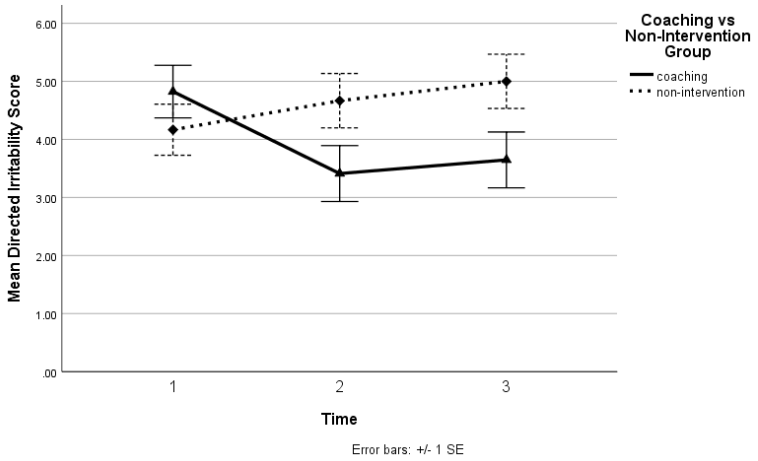


Figure 7.13: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on AWS outwardly directed irritability subscale scores.

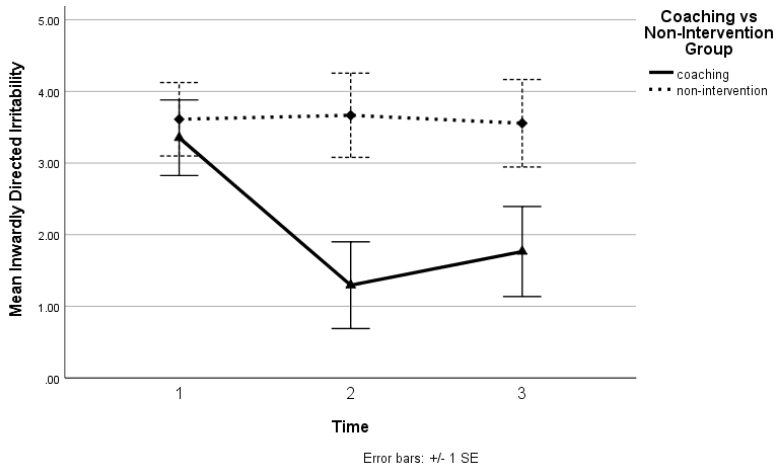


Figure 7.14: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on AWS inwardly directed irritability subscale scores.

7.5.7 Differences in reported child behaviour for each condition (coaching and non-intervention) between Time 2 and Time 3

In order to compare scores on the SDQ between Time 2 and Time 3 for the coaching group and for the non-intervention group paired-samples *t*-tests were conducted (Table 7.7). There were no significant differences between the scores for Time 2 and Time 3 for either the coaching group or the non-intervention group. There were no significant differences between Time 2 and Time 3 for the two conditions.

Table 7.7

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for SDQ (Child Behaviour) Scores between Time 2 and Time 3

Scale	Factors	Coaching Group (*n* = 17)			Non-intervention Group (*n* = 18)		
		Time 2 Mean	Time 3 Mean	Mean Diff (SD) (*sig*)	Time 2 Mean	Time 3 Mean	Mean Diff (SD) (*sig*)
SDQ	ProSocial	8.12	8.18	-0.06, (1.52) (*p*=.875)	8.17	8.17	0.00, (1.46) (*p*=1.00)
	Hyperactivity	4.12	3.76	0.35, (2.29) (*p*=.534)	3.78	3.33	0.44, (1.34) (*p*=.177)
	Emotional problems	2.41	1.88	0.53, (1.66) (*p*=.208)	2.56	2.39	0.17, (1.72) (*p*=.687)
	Conduct problems	2.76	2.41	0.35, (1.66) (*p*=.393)	1.61	1.39	0.22, (1.35) (*p*=.495)
	Peer problems	1.24	1.06	0.18, (1.24) (*p*=.565)	1.94	1.78	0.17, (1.29) (*p*=.592)
	Total difficulties	10.53	9.12	1.41, (4.39) (*p*=.203)	9.89	8.89	1.00, (3.99) (*p*=.302)

Note: significant results are in bold. **p*<.008 (Bonferroni adjusted significance value)
***p*<.001

7.5.8 Differences in and interactions between reported child behaviour for each condition (coaching vs non-intervention) between Time 1, Time 2 and Time 3

There were decreases in the difficulties subscale scores (hyperactivity, emotional problems, conduct problems and peer problems) and a significant difference in the total

difficulties score on the SDQ between Time 2 and Time 3 (see Table 7.8). There were no significant differences for the non-intervention group scores between Time 1 and Time 3.

In order to evaluate whether the changes from Time 1 to Time 3 in reported child behaviour differed between the coaching and non-intervention groups mixed 2 x 3 ANOVAs were used to examine each subscale of the SDQ to determine whether there was an interaction effect (see Table 7.8). It was found that there were no interactions between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on any of the subscales of the SDQ for either group. The interaction line graphs are in Appendix P.

Table 7.8

Paired T-test Differences In Each Condition (Coaching and Non-intervention) for SDQ (Child Behaviour) Scores Between Time 1 and Time 3

Scale	**Factors**	**Coaching Group (*n* = 17)**			**Non-intervention Group (*n* = 18)**			**Interaction**
		Time 1 Mean	**Time 3 Mean**	**Mean Diff (SD) (sig)**	**Time 1 Mean**	**Time 3 Mean**	**Mean Diff (SD) (sig)**	
SDQ	ProSocial	7.06	8.18	1.12, (2.09) (*p*=.012)	8.50	8.17	0.33, (1.62) (*p*=.507)	ns
	Hyperactivity	4.76	3.76	1.00, (1.72) (*p*=.033)	3.83	3.33	0.50, (1.77) (*p*=.235)	ns
	Emotional problems	3.06	1.88	1.1, (2.18) (*p*=.009)	2.83	2.39	0.44, (1.63) (*p*=.398)	ns
	Conduct problems	3.65	2.41	1.24, (1.69) (*p*=.022)	1.56	1.39	0.17, (2.02) (*p*=.681)	ns
	Peer problems	1.53	1.06	0.47, (1.58) (*p*=.134)	1.61	1.78	-0.17, (1.23) (*p*=.660)	ns
	Total difficulties	13.00	9.12	**3.88, (5.77) **(*p*=.001)**	9.83	8.89	0.94, (3.85) (*p*=.497)	ns

Note: significant results are in bold. **p*<.008 (Bonferroni adjusted significance value)
***p*<.001

The hypothesis for this follow-up element, **hypothesis six**, that the differences specified in hypotheses one to five for the outcomes of the dependent variables will be sustained after six months, at Time 3 for the coaching intervention group when compared with Time 2 and Time 1 has been supported. Not all the interactions were large, but the line graphs within this chapter and in Appendix P show this outcome. In the non-intervention group there was no difference in the outcomes for the dependent variables at Time 3 compared with Time 2 and Time 1.

7.5.9 Parental feedback and evaluation in the coaching condition at Time 3.

In order to collect longer term feedback from the coaching group, an evaluation form was sent to the coaching group participants at Time 3 which asked them whether they were still using the skills they had gained through the intervention. The participants were asked to describe how they were using these skills. The coaching participants were also asked to describe what the most important qualities of the coaching intervention had been for them. There were two questions for the participants to answer either 'yes' or 'no' which were whether they needed more support with their parenting and whether they would recommend the intervention to other parents. The responses are shown in Table 7.9.

Table 7.9

Feedback from Coaching Group at Time 3 (n=17).

Question	Yes (%)	No (%)
Have you continued to use the skills you gained through coaching?	17 (100%)	0 (0%)
Do you need more support with your parenting?	6 (35%)	11 (65%)
Would you recommend the intervention to other parents?	17 (100%)	0 (0%)

The coaching participants were also asked to rate their confidence in their parenting skills and their relationship with their child using a scale of 0 to 10. This data is shown in the bar charts in Figures 7.15 and 7.16. The bar chart in Figure 7.15 shows that the majority

of the coaching participants scored their relationship with their child between eight out of ten and ten out of ten at Time 3.

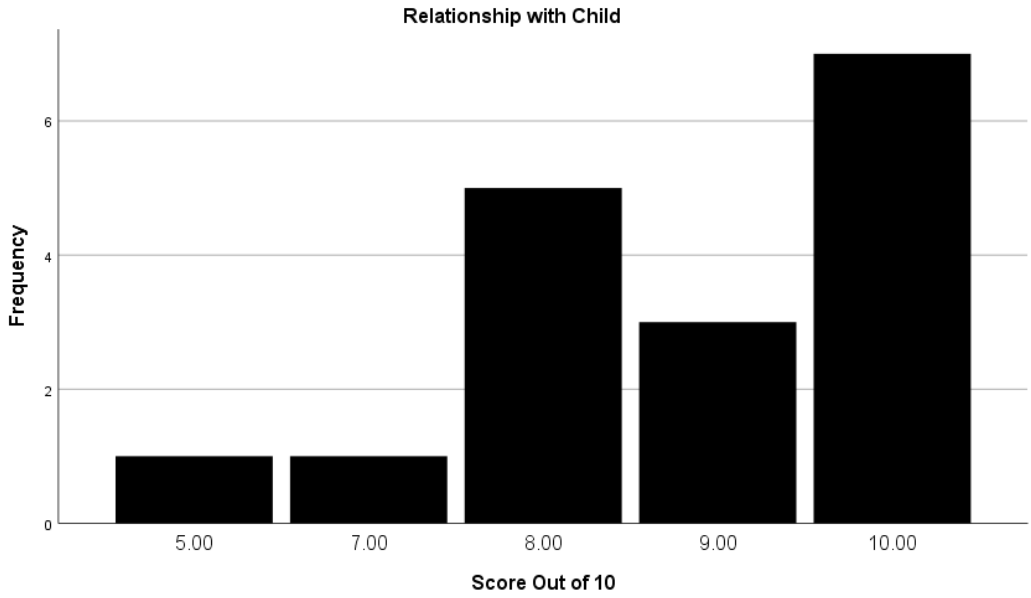


Figure 7.15. Bar chart to show the scores for the parent-child relationship from the evaluation forms of the coaching group participants at Time 3.

The bar chart in Figure 7.16 shows that the majority of the coaching group participants scored their confidence in the parenting skills between seven out of ten and ten out of ten at Time 3.

Figure 7.16. Bar chart to show the scores for the confidence in their parenting skills from the evaluation forms of the coaching group participants at Time 3.

Qualitative comments were written by twelve participants and are presented in Appendix Q. The researcher analysed what was written about how the participants had continued to use their newly acquired parenting skills, there were some common responses. The common themes were:

1. Making time to spend with their child
2. Reflecting
3. Changed expectations of their child
4. Changed thoughts about their child
5. Being consistent.

Participants were also asked for their opinion on the most important qualities of the coaching intervention. The most frequent comments were:

1. Intervention tailored to their personal needs/issues
2. Being heard/listened to
3. Chance to reflect/space to think.

One coaching participant wrote that "using empathy has been one of the biggest tools" that she had taken away from the coaching intervention (Participant 24, Appendix Q).

7.6 Participant dropout analysis

At Time 3 analyses were carried out to identify any differences in demographic details between the participants in the coaching intervention group who completed Time 3 measures (n=17) and the participants in the coaching intervention group who did not complete the measures (n=6). Some significant differences between the responders (n=17) and non-responders (n=6) in the coaching group were found (see Appendix O). Significantly more of the responders had a partner, stayed in education past 16 years old, were working part-time, their partner was working and they were houseowners. There was

no significant difference in the participants' age, the sex of their child or the age of their child between the responders and non-responders.

7.7 Discussion

The main aim of the present chapter was to examine the long-term effects of the PRAISE model on parenting and child behaviour. In this chapter the data collected at Time 3 from seventeen participants in the coaching group and eighteen participants in the non-intervention group were examined. The hypothesis from this follow-up element of the study was that the coaching intervention would lead to sustained changes in the dependent variables for the parents involved in this study in the coaching group. This hypothesis was supported. The results suggest that the improvements in parenting behaviour continued as time went on indicating a real, sustained change in parenting behaviour. These findings are consistent with previous research on sustained effects and sleeper effects (van Aar, Leijten, Orobio de Castro, & Overbeek, 2017). These effects may have occurred either as a result of changes to the reciprocal parent-child relationship or as a result of small changes made during the intervention which had an increasingly reinforcing effect. These findings are also consistent with those found by Bloomfield and Kendall (2007) and their conclusion was that a child's behaviour may not change until the new ways of parents and children interacting with each other have become accepted.

Several changes were sustained at Time 3 across the child behaviour, parenting behaviour, self-efficacy and well-being variables. For example, there was a significant difference in the total difficulties score in the SDQ which indicates that parents in the coaching group had the perception that their child's behaviour had significantly improved six months after the intervention. There was also a significant decrease in the emotional problems subscale of the SDQ which could be linked to the increased use of empathy by the parents, reported in their feedback. This significant change in the emotional problems

subscale has positively affected the SDQ total difficulties change. This improvement in the children may be important to the child's quality of life.

Parenting behaviours had significantly improved at Time 3 when compared with Time 1, with significant differences in the coaching group scores in every Parenting Scale subscale (laxness, over-reactivity, verbosity) and the total scale. This suggests that participation in the PRAISE coaching intervention significantly improved parents' perceptions of their parenting skills. When considering the analysis of the Parenting Scale scores that indicated that parenting skills were improved after the PRAISE intervention together with the parents' reports that their children had significantly fewer behaviour difficulties (total SDQ score), it suggests that the changes to parenting behaviours had a positive effect on their child's behaviour. These results are consistent with previous research where Palmer (2015) found that the reductions in disruptive child behaviour and ineffective parenting practices reported by mothers at post-intervention were maintained at 6-month follow-up.

The data collected at Time 3 with the TOPSE measure which measured parenting skills, self-efficacy, empathy and the parent-child relationship, showed that the coaching group scores were significantly different in two of the subscales (control, self-acceptance) when compared with Time 1. The improvements in feelings of being in control and acceptance of one's skills as a parent, measured with TOPSE in this study, demonstrate that these aspects of parenting are perhaps necessary for parents to be able to change their parenting behaviours and affect their child's behaviour as suggested by Coleman and Karraker (1997). Six of the eight TOPSE subscales had significantly improved between Time 1 and Time 2 (Table 7.3) and the lack of significant differences at Time 3 may suggest that these improvements had been maintained. Many of the changes in these variables were approaching significance, and it is likely that sample size was too small to reach

significance in these variables. The lack of a significant interaction found in the 2 x 3 ANOVA for the emotion and affection subscale scores may be because the mean score in the coaching group was high at baseline and therefore did not have much scope for a significant improvement. This is perhaps evidence of a ceiling effect with this measure. The graph showing the interaction for this subscale is in Appendix P. The significant interaction for the empathy and understanding (TOPSE) subscale between Time 1, Time 2 and Time 3 is evidence that the parents had become more empathetic although the difference in empathy scores between Time 1 and Time 3 in the coaching group only approached significance. It may be that because empathy and understanding was one subscale in a larger measure it lacked sensitivity. This suggests the use of a measure designed specifically to measure parental empathy in future research such as the Parent Attitude towards Children's Expressiveness Scale (PACES) (Saarni, 1982). changes in empathy in this study, and in the case study in chapter 8, show that this is an important element of the PRAISE model

In order to measure the overall effectiveness of the intervention the total TOPSE scale score was used. The devisers of TOPSE (Kendall & Bloomfield, 2005) argued that improvements in the total TOPSE score was evidence that a parenting programme had been effective. It can be argued that the significant difference in the total TOPSE scale score at Time 3 when compared with Time 1 in this research study was due to the coaching intervention, and demonstrates that PRAISE is a successful parenting intervention. There were no changes in the non-intervention groups scores over different time points which supports previous findings that parents need support to change their parenting behaviours (McGilloway et al., 2012).

A coaching intervention can include conversations that are more personal to the participant as shown in the comments made by the participants shown in Appendix Q

whereas parenting programmes in general do not consider personal life events that occur in the participating parents' lives (Ogbu, 1981). It was argued by Spence and Grant (2007) that a coaching intervention can be successful in improving participants' feelings of well-being, and Weaver, Shaw, Dishion & Wilson (2008) argued that parental well-being is a contributing factor to a child's problem behaviour. The results of this research showed an increase in the coaching group's well-being (AWS subscales) and an improvement in their child's reported behaviour (total SDQ score) suggesting that the PRAISE coaching model can improve parents' feelings of well-being which could also positively affect a child's behaviour. This supports the suggestion by Bloomfield and Kendall (2012) that there needs to be a reduction in parental stress and an increase in parental confidence in their parenting skills before changes in child behaviour will occur.

The feedback from the coaching participants at Time 3 showed that all the coaching participants had continued to use the skills they acquired during the PRAISE intervention. They all also stated that they would recommend the intervention to other parents. The common themes drawn out from their comments showed that they had been more empathetic in their approaches with their child. They reported that they had changed their expectations of their child, made time to spend with him or her, and changed their thoughts about their child and their behaviour. This suggestion is reinforced by parental comments that they had used more empathy when dealing with their children after the PRAISE intervention and this had not been captured in the data or reflected in the interaction results. The changes in empathy in this study, and in the case study in chapter 8, show that this is an important element of the PRAISE model

An important part of the intervention for the participants seemed to be the personal element of PRAISE. Several participants said they valued the way the intervention was personal to their circumstances and was tailored to their individual needs. This is a strength

of the PRAISE intervention as a coaching model. However, it was not possible to make meaningful comparisons between the mode of intervention delivery as the sample size was too small. The main limitation of this element of the study was the small sample size. Despite the small sample size, the fact that there were multiple differences found across measures suggests that the PRAISE intervention was effective, and it would be expected that these differences would be replicated in larger sample.

A larger number of participants in the study may have allowed for more meaningful analysis of any differences between the demographic characteristics of those participants who took part in this follow-up element of the study and those who dropped out. There were some significant differences in responders and non-responders at Time 3 (see Appendix O). The numbers were small which did not allow for rigorous evaluation. At a basic level, the responders in the coaching group had a higher level of education, were employed part-time, had younger children and more had partners than the non-responders. This might suggest that they were more organised in their lives, with more support at home from a partner, and were achieving good results with their children and this encouraged them to continue participating in the study. This could be investigated more thoroughly in future research with a larger cohort.

The next chapter contains a reflective case study describing the coaching process with one participant randomly selected from the coaching group participants in this study.

Chapter 8. Reflective Case Study

8.1 Overview

This thesis has introduced a new coaching model PRAISE, and tested its efficacy as a parenting support intervention. The PRAISE model was described in detail in Chapter 4, including an explanation of its use and the two preceding empirical chapters presented the analysis of the data collected in the study and at follow-up. This chapter contains a reflective case study of one of the participants from the coaching group for this study. The intention of this case study is to present the complete picture of a single case on coaching for parenting support using the PRAISE model and to reflect on the lessons learned.

The decision to include a case study was made after the research study was completed in order to encompass the full range of data collected pre-intervention, post-intervention and six-month follow-up. This meant that the reflection would be reflection-on-action rather than reflection-in-action as described by Yanow and Tsoukas (2009). In order to meet the objectives of the case study (see Section 8.2) the following data material was included:

1. Notes taken by coach during each session (this is standard procedure).
2. Reflective notes produced by the participating parent at the conclusion of the coaching intervention and at follow-up, six months later.

The structure of this chapter includes sections suggested by Backer and Renger (2016) in their guidelines for writing reflective, narrative case studies. The background and context of the reflective case study are given followed by a description of the motivation and scope of the evaluation strategy. The subjectivity of the researcher/coach is explored followed by a description of the evaluation strategy and the indicators for the success of the intervention. The PRAISE coaching model is re-introduced and the analysis of the Time 1 and Time 2 completed measures to determine difference over time is described to assess the efficacy of the intervention for this individual. The sustainability of the changes is analysed, examining

the measures completed at Time 3 (six months later), and the feedback given by Jane is presented. the chapter then presents a step-by-step description of the coaching intervention over the course of the ten coaching sessions. The chapter concludes with a discussion of the results of this case study, lessons learned, a summary of the chapter and a focus for the next chapter.

8.2 Aim and Objectives of the Reflective Case Study

The aim of this reflective case study was to provide a clear description of how the PRAISE model is used in practice in a real-life context, and to explore whether the coaching model worked for the parent and child and the coach. It was way to share more detailed information on the PRAISE coaching model and, according to Becker and Renger (2016) would be a powerful mechanism to evaluate this unique coaching model as it included both qualitative and quantitative data. An examination was also made to determine which aspects of child behaviour and parenting improved as a consequence of the intervention. The objectives of this case study were firstly to document and analyse the process and impact of coaching as a parenting intervention and secondly to document and analyse the participating parent's experience of the change process based on the dialogical strategies of the coach within the PRAISE model. It was important to also include the reflections of the coach. A narrative style was employed as a flexible method of combining theory and practice (Becker, & Renger, 2016).

8.3 Background and Context

8.3.1 Participant details and recruitment strategy

The participant has been named Jane for the purposes of this case study. Jane was recruited to the research study during a recruitment drive for parents to participate in the research. She responded to information published in an on-line magazine for parents. The eligibility requirements for this research were fulfilled as Jane was the parent of a child (Ann

for the purposes of this case study) of primary school age (between 4- and 11-years-old) who was not undergoing any clinical or non-clinical intervention for behaviour difficulties. Jane was thirty years old; her husband was thirty-six and her only child was a daughter who was 4 years old. Jane had stayed in education until she was at least eighteen years old and worked part-time. Her husband worked full-time and they were houseowners. 8.3.2 Materials

Jane was contacted by email and sent the forms and questionnaires described in Chapter 5. She gave written informed consent in email form. The informed consent form signed by the participant at the start of the coaching intervention for the study set out how any information and data collected during the intervention would be used and how the anonymity of the participant would be protected. The researcher had also provided Jane with a participant information sheet which gave more detail about the research study; what taking part entailed; to whom to make a complaint if necessary; confidentiality and what will happen to the results of the study. Jane completed a set of four measures, namely the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997); the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993); the Tool to Measure Parenting Self-efficacy (TOPSE) (Kendall & Bloomfield, 2005); and the Adult Well-Being Scale (Snaith, Constantopolous, Jardine, & McGuffin, 1978). Jane had been chosen at random from the coaching group participants in the research study who completed the intervention and gave her consent to be the subject of this case study. The researcher confirmed with Jane that her and her child's identities would be anonymised and reminded her that the information in the participant information sheet she had received before participating in the study was still valid.

The coach was the researcher: a practitioner with nearly twenty years' experience of working with parents and a trained workplace coach through the Institute of Leadership & Management and also holds a foundation diploma in the art and science of Neuro Linguistic Programming (NLP).

8.3.3 Method

The new parent coaching model PRAISE was used, during an initial face-to-face meeting and then as an intervention over the telephone. Jane had wanted to meet the researcher face-to-face to determine whether she could form a working relationship with her. During the initial meeting the researcher gave the participant information about her background as a coach and parent/grandparent, and more information about the coaching intervention, reiterating that Jane could change her mind about participating in the research at any time and describing how the coaching process works. The researcher told Jane that the sessions will be led by her needs and that the researcher would not ever tell her what she should do or ask her to do anything she is not comfortable doing. Jane was informed that the sessions could all focus on the same issue or several issues could be covered, depending on her reaching her goal or goals to her own satisfaction. The researcher reminded Jane that there would be up to ten coaching sessions, each of up to an hour in length.

Prior to the first session the researcher had examined the data provided by Jane in the set of measures. This gave the researcher an idea of Jane's parenting style and behaviours before Jane said what her parenting issues were. The researcher did not share the results from the questionnaires with Jane, either pre-intervention or post. The scores were not relevant for Jane to know or whether they showed a measured improvement. The importance of the intervention for Jane was that she felt she was coping more effectively as a parent and was more confident in her parenting skills.

The researcher also agreed a verbal contract with the participant to give some clarity about the coachee and coach roles in the coaching process (O'Connell, Palmer, & Williams, 2012). This included:

Change commitment

Jane agreed to be willing to make a commitment to identify areas where she would like to see change and to create a vision of how she would like Ann's behaviour to be. Jane also committed to agree next steps to achieve her goals and acknowledged that she is responsible for taking these steps.

Building success

Confidentiality is at the heart of coaching and the researcher told Jane that this would be maintained unless either Jane requested otherwise or if there was a risk of harm to Jane or others. The researcher told Jane that the coaching process would focus on Jane's success and would be based on foundations of trust between the researcher and the participant. This should mean that Jane would feel able to express her thoughts and feelings freely.

Feedback and review

The researcher agreed to provide notes to Jane after each session that would reflect the conversations and agreed actions from the session. The researcher also told Jane that feedback would occur naturally at each session. Jane was told that there would be an evaluation sheet to complete at the end of the coaching intervention as well as another set of measures and a further follow-up set of measures after six months.

Time

The researcher agreed to be timely, both in making the phone call to Jane for each session and in the length of each session and to send a text reminder to Jane the day before each session. Jane and the researcher would agree on a time and day for the coaching sessions that suited both parties. It was agreed that the sessions would be best at a time when Jane could concentrate fully on the coaching conversation without any distractions. The day and time could vary each week but needed to be at least a week apart to allow Jane sufficient

time to put any agreed actions in place. Jane further agreed to let the researcher know if there were any unexpected problems with the agreed session times.

8.4 Motivation and Scope of the Evaluation Strategy

This reflective case study is a reflection-on-action where the researcher is reflecting on a past event, stepping back in time to ponder the coaching intervention with one participant in the research study. This is a different approach to reflection-in-action where the evaluation takes place during an intervention (Yanow & Tsoukas, 2009). Had the participant been aware that they were to be the subject of a case study before they took part in the intervention, the researcher thought that this knowledge might have affected their participation and candour during the intervention. There was therefore no influence on the participant's motivation to take part in the study or her cooperation during the study (Becker & Renger, 2016).

8.5 Review of Subjectivity

The researcher acknowledged that there was a need to adopt a self-critical perspective in order to monitor against bias in her delivery of the coaching intervention (Jewiss, & Clark-Keefe, 2007). The researcher was candid in the introduction of herself to participants in the research, detailing her history of working with parents and her experiences as a coach as well as her status as a parent and grandparent. She made it clear to the participants that she was both the coach and the researcher.

The researcher was conscious during the coaching interventions to maintain a non-judgmental attitude with the participants, especially where their mutual values and beliefs did not completely match. The researcher started the research study with no preconceived ideas on the issues that the participating parents might present. Her focus was on using the PRAISE coaching model to support each participant in finding their individual solution to their individual issue within their personal values, beliefs and family situation. The

researcher had past experience of this when working with a wide range of parents and families in previous employment. These families had included hard-to-reach families and families with children in the youth justice system or at risk of becoming involved in the youth justice system. Although a particular coaching model was not used in these past interventions, a coaching approach of tailoring the intervention to each family at the time was utilised. The families responded positively to those interventions and the researcher expected that the participants of this research study would also respond positively to her and to the current coaching intervention when they realised that the intervention was not instructional but a collaborative process. The researcher had been previously told that she had a calm, non-threatening manner and was an easy person to talk to. She therefore hoped to build a good coaching alliance with the coaching participants. In order to mitigate the extent to which the coaching alliance might have played a part in the findings, she had also made it clear to the participants that they should be as honest as possible both about the outcomes and about how they had experienced the intervention.

8.6 Evaluation Strategy in Context and Indicators of Success

During the coaching intervention, feedback was received by the researcher from the participant on her personal progress towards her goals. This was verbal feedback at the start of and during the coaching sessions.

Feedback given to the researcher at the end of the coaching sessions and at the six-month follow-up reflected the rapport gained between the researcher and the participant.

8.7 The PRAISE Coaching Model

It has been well-documented that coaching can improve feelings of self-confidence and self-esteem, and that it is also a methodology for change (Grant, 2003). Chapter 3 detailed how the PRAISE model was devised and explained its use as a parenting support intervention in this research. To recap, the acronym PRAISE stands for:

Parenting issue identified: what the parent would like to change. Following coaching session 1: **P**rogress made by parent since previous session.

Relevant, Realistic goals: what the parent specifically wants to achieve.

Alternative solutions: what all the parent's options are.

Imagine outcome: how useful each option is in relation to the parent's goal(s) and imagine the outcome.

Solution chosen: parent chooses most practicable option and discusses how to break it down into manageable steps. The parent then agrees to implement the option before the next coaching session.

Empathy: the parent views issues from the child's point of view.

8.8 Measures

Data was collected in this study using participant-completed questionnaires. The measures can be found in Appendix F and have been described in detail in Chapter 4. Parent-reported child behaviour was measured using the **Strengths and Difficulties Questionnaire (SDQ)** (Goodman, 1997) (subscales of Prosocial behaviour; Hyperactivity; Emotional problems, Conduct problems and Peer problems). Parenting behaviours were measured with the **Parenting Scale** (Arnold, O'Leary, Wolff, & Acker, 1993) (subscales of Laxness, Over-reactivity and Verbosity). Parenting self-efficacy, the parent-child relationship and the participant's opinion of their parenting abilities were measured using the **Tool to Measure Parenting Self-efficacy (TOPSE)** (Kendall & Bloomfield, 2005) (subscales of Emotion & affection; Empathy & Understanding; Play & Enjoyment; ; Control; Discipline & Boundary Setting; Pressures; Self-Acceptance and Learning & knowledge). Finally, parental well-being was measured using the **Adult Well-Being Scale (AWS)** (Snaith, Constantopolous, Jardine, & McGuffin, 1978) (subscales of Depression; Anxiety; Directed irritability and Inwardly directed irritability). Overall intervention effectiveness was measured using the total score of **TOPSE** which was designed for this purpose.

8.9 Data Collection and Analysis

Prior to conducting the main analyses, the data was collated to create total subscale and total scale scores for each variable. Statistical analysis was carried out using IBM SPSS 25 and a quantitative data set was created to form the results for Time 1, Time 2, and Time 3.

Jacobson and Truax (1991) proposed that researchers use a clinical significance analysis method (JT method) for case studies where self-report measures at pre- and post-intervention stages are used to determine whether any change in scores from pre-intervention to post-intervention exceeded chance expectations. To this end, in this case study, the reliable change index (RCI) (Jacobson et al., 2000) was used because it was. important to determine whether the changes are both reliable and clinically significant to demonstrate the effectiveness of the intervention. When the calculated reliable change is greater than 1.96, the post-intervention score reflects real change. There is no RCI score for the Adult Well-Being Scale because this scale was not intended for use as a repeated measure and therefore test-re-test reliability was not calculated by the authors of the scale (Snaith, Constantopolous, Jardine, & McGuffin, 1978).

The clinical cut-offs of the measures were used to examine Jane's scores to determine whether they were above the clinical cut-off scores at Time 1 and at Time 2 for the Parenting Scale, Strengths and Difficulties Questionnaire and the Adult Well-Being Scale. There were no clinical cut-offs suggested for the TOPSE scale.

8.9.1 Baseline measures (Time 1)

The data collected from the measures completed by Jane at Time 1 were analysed.

The Parenting Scale was used to measure Jane's self-reported parenting behaviours towards her daughter. Low scores on this scale indicate good parenting practices. There are clinical cut-off points in this scale and the data from Jane's sets of questionnaires were below

the clinical cut-off for laxness but above the clinical cut-off for over-reactivity, verbosity, and the total scale.

The Tool to Measure Parenting Self-efficacy, or TOPSE was used to measure Jane's parenting skills, parenting self-efficacy, empathy levels and the parent-child relationship. There are no clinical cut-off scores in this scale but scores closer to 60 for each sub-scale indicate a high level of parenting self-efficacy. Jane's Time 1 scores in each of the sub-scales ranged from 31 for self-acceptance, to a maximum score of 60 for emotion and affection. Jane's total scale score was 346 out of a maximum possible score of 480.

Jane's scores on the Adult Well-Being Scale indicated to the researcher that she presented as borderline according to the scale's clinical cut-off points for anxiety, outwardly directed irritability and inwardly directed irritability but within the normal range for depression at Time 1.

At baseline (Time 1) Jane had rated Ann's behaviour within the normal range for each subscale of the Strengths and Difficulties Questionnaire.

8.9.2 Differences between Time 1 and Time 2

At the conclusion of the coaching intervention, after Session 10, Jane completed a second set of measures. A comparison was made between the Time 2 and Time 1 data from these measures.

The scores collected from Jane's Parenting Scale measure at Time 2, post-intervention, indicated that Jane still considered herself to be too over-reactive. It will be seen from the description of the coaching sessions that Jane was aware of this trait and was working to reduce it.

At Time 2 Jane's scores had increased in a number of the TOPSE subscales. The calculated RCI was greater than 1.96 in the subscales of empathy and understanding; control; discipline and setting boundaries; self-acceptance and the total scale score. Therefore,

improvements occurred as a result of the intervention across these subscales, suggesting an increase in self efficacy (Jacobsen et al., 2000).

From the SDQ completed by Jane at Time 2, the calculated RCI for the Prosocial subscale scores was calculated at more than 1.96 which showed that this change exceeded chance expectations and reflected real change which could be reliably described as being due to the intervention (Jacobson et al., 2000).

8.9.3 Follow-up measures at Time 3

Six months after the end of the coaching intervention, Jane completed a third set of measures. This allowed for data comparisons to be made between the three sets of questionnaires.

The data from the Parenting Scale showed that none of Jane's scores were above the clinical cut-offs. The calculated RCI was greater than 1.96 for the over-reactivity subscale which indicated that this was real change as a result of the coaching intervention (Jacobsen et al., 2000). The total Parenting Scale score at Time 3 also had an RCI greater than 1.96 when compared with the Time 1 score which indicated that there was real change in Jane's parenting behaviour as a result of the coaching intervention.

At Time 3 Jane's scores on the TOPSE scale were all between 50 and 60. Maximum scores were recorded for empathy and understanding and learning and knowledge at Time 3. The calculated RCI for change between Time 1 and Time 3 was greater than 1.96 in four subscales and the total scale score: empathy and understanding; control; pressures; and self-acceptance. This indicates real change in these areas according to Jacobsen et al. (2000) and demonstrates the effectiveness of the PRAISE model intervention in improving Jane's self-efficacy, empathy and confidence in her parenting (Jacobsen et al, 2000).

8.10 Intervention Narrative

The following subsections set out in tabular form the content of the sessions that made up Jane's coaching intervention following the format of the PRAISE coaching model. Alternative solutions were often co-created, but the solution or solutions were chosen by Jane. The data material included in the tables for each session comes from the notes taken by the coach during each session. It is presented to provide an understanding of the coaching process using the PRAISE model.

8.10.1 Session 1.

From the measures completed by Jane at Time 1, before she met the coach and before the commencement of the coaching intervention, it could be seen from her scores on the Adult Well-being Scale that Jane had fairly high levels of anxiety and outwardly directed irritability, although these were not above the clinical cut-offs for the scale. Jane also had low self-acceptance, pressures, and control scores on the TOPSE scale. Jane was too over-reactive and verbose when dealing with unwanted behaviours from Ann according to her Parenting Scale scores, and she scored Ann's behaviour at 'normal' levels in each factor of the Strengths and Difficulties Questionnaire

At the start of the intervention there was not one single parenting issue identified, instead there were several frustrations noted as can be seen in the following table:

Table 8.1

Session 1

PRAISE Model	
Parenting issue identified	• Frustration that Ann is not grateful for things they do • Jane feels Ann is very demanding of her attention. • Jane's child often says she is tired - is this boredom? • Jane is worried about what other people think about her and her parenting.
Relevant realistic goals	• To stay calmer and feel less stressed • To become more confident in herself • To change negative thoughts to positive ones

Alternative solutions	• Not reacting in a negative manner • Changing 'if' to 'when' in instructions • Take a breath before responding • Use a simple checklist for child getting dressed • Use a timer for tasks.
Imagine the outcome	Fewer disagreements between Jane and Ann. The household would be altogether calmer.
Solution chosen	• Use 'when' more often • Think 'you don't know how lucky you are' instead of saying it • Jane will stay calm when dealing with poor behaviour.
Empathy	• Jane will try to see things from Ann's viewpoint.

8.10.1.1 Reflection.

During this first session the researcher/coach tried to construct a picture of Jane's life and biography, especially those parts which might be relevant to her parenting practices.

The presenting problem was Ann's behaviour which she was struggling to deal with effectively, so she felt she needed support with her parenting issues. Jane was concerned about what other people thought about her and her parenting including her own mother. She also felt that Ann's behaviour was very demanding, and she became frustrated by Ann not being grateful for what they do as a family, such as outings, or for the material things Ann has as Jane knows that what Ann has is much more than she had as a child. Jane admitted that she had negative thoughts about Ann and struggled to stay calm and stress-free. Jane seemed upset about her feelings towards Ann although she showed low levels of empathy with Ann and little reflective capacity on the positive aspects of her relationship with Ann. The close interconnectedness between Jane's thoughts about her life, her perceptions about other people's opinion of her parenting and her behaviour and attitude towards Ann became clear to the coach. Jane was very happy to participate in the research as she felt that the coaching approach would give her support pertinent to her specific circumstances.

The PRAISE coaching model was used to support Jane's parenting strengths and to encourage self-reflection on positives. In addition, the aim was to help her recognise both her

own and Ann's needs and respond more appropriately. There was a conversation about seeing things from Ann's point of view, this is sometimes called perceptual positioning which has its origins in Gestalt psychology and is an integral element in neuro-linguistic programming (NLP) (Bandler & Grinder, 1982). This would also increase Jane's levels of empathy with Ann. The use of language was discussed, and the coach used an advice-giving approach to talk with Jane about the difference between 'when' and 'if'. It was agreed that subsequent coaching sessions would take place over the telephone. Giving Jane the choice of how the coaching sessions would be delivered demonstrated autonomy support from the coach, which is a key component of self-determination theory (Ryan & Deci 2008). In a therapeutic context, giving Jane the choice of how the coaching sessions were delivered may also have been a key factor in encouraging her to complete the intervention may also have been a key factor in encouraging her to complete the intervention (Heijmans, Lieshout, & Wensing, 2015).

8.10.2 Session 2.

Jane evaluated the week since Session 1 to have been 'quite good'. Jane used 'when' more when asking Ann to do something and reported that Ann had noticed the usage of this word but had been more compliant. Jane had also used the timer on her iPad for Ann getting ready for bed and it reportedly worked well with some encouragement from Jane. The coach was able to offer positive feedback to Jane for doing this.

It can be seen in the session summary presented in Table 8.2 that the most important current issue for Jane was the process of getting ready for school in the mornings. This was therefore the topic of conversation for coaching session 2. Jane had seen that using the timer worked well at bedtime and suggested that she could apply the same solution to their morning routine. This is consistent with the solution-focused coaching premise of 'if something works, keep doing it or do more of it'.

Table 8.2

Session 2

PRAISE Model	
Parenting issue identified	• Getting ready for school can turn into a battle.
Progress made since last session	• Used 'when' more – successfully. Used timer on iPad for getting ready for bed. It worked with some encouragement.
Relevant realistic goals	• A fuss-free morning where Ann would get herself dressed in the morning.
Alternative solutions	• Using the iPad timer in the morning as it had worked for bedtime • Making rewards more instant • Changing the morning routine to getting ready upstairs together before going down for breakfast • Changing Jane's reaction to Ann which would encourage a different response from Ann.
Imagine the outcome	• Fewer battles and outbursts • Less stress and guilt for Jane • Happier, more relaxed mornings
Solution chosen	• A new morning routine which Jane would stick to as much as possible during school holidays too • Jane will invite Ann to get dressed alongside her • Jane will think about how to make Ann's reward something that she can have part of on the occasions when she has not done enough to get the whole treat.
Empathy	• Jane will try to establish what Ann means when she says she's tired, which she does a lot. Jane wonders whether Ann really means bored.

8.10.2.1 Reflection.

Using the PRAISE coaching model, the coach tried to encourage Jane to reframe her child's behaviour in a positive light, using more positive words (O'Connell, Palmer & Williams, 2012). For example, if a child is always pestering their parent to play with them or wants their parent to help them get dressed, instead of getting irritated and frustrated because the parent thinks that their child should be old enough to occupy him or herself or dress him or herself, the parent could think that it is something positive that their child wants to spend time with them and that it must be because they love them so much. Having reframed the

issue into a more positive light, the parent is then able, more constructively, to come up with a solution that would satisfy both parties (Cavanagh & Grant, 2010). For example, encouraging the child to get dressed side by side with parent so that the parent is on hand to help, if necessary, as in this case study. In a solution-focused coaching model, this is termed 'reframing'. This change of thinking about a situation will change feelings and behaviour, as in the cognitive-behavioural cycle of change.

The next section shows a positive result as Jane told the coach that the change she made has resulted in Ann happily getting herself dressed alongside her while she was getting dressed.

8.10.3 Session 3.

The previous week had been good. Jane told the researcher that she had used the timer and taken Ann's clothes into her room to get dressed together and Ann subsequently got dressed without any help. Because they were ready before the timer sounded, Ann's reward was to play a game on the iPad until the timer sounded when Ann just closed the iPad and went downstairs. Jane was actively supporting Ann to be autonomous, and this has been identified as a key component of successful parenting (Joussemet, Landry, & Koestner, 2008). This example of encouraging autonomy in Ann demonstrates an element of self-determination theory for Ann (Deci & Ryan, 2008). Jane was using 'when' instead of 'if' as much as possible and Ann has started to correct Jane when she forgets. Further positives were that Ann thanked Jane for a lovely day and for planning it and Jane had also made a positive remark to her mother about spending time with Ann. Once again, Jane has made changes and done something different in being positive towards her mother. This is another example of the technique encouraged in the solution-focused coaching approach.

With these issues improving from Jane's point of view, the current issues for her were that her mother is still very negative about her parenting behaviours and that Ann is

displaying her angry feelings by throwing things down. Table 8.3 summarises what was discussed in Session 3.

Table 8.3

Session 3

PRAISE Model	
Parenting issue identified	• Negativity from Jane's mother • Ann having tempers and throwing things down.
Progress made since last session	• Used timer and got dressed together. • Ann thanked Ann for a lovely day. • Jane gave positive feedback to her mother.
Relevant realistic goals	• Not to over-react to Ann's displays of temper.
Alternative solutions	• To speak to Ann calmly about what had made her angry once the situation was calm again • To talk to Ann about different ways to express anger • To ask Ann the best things about being at her grandma's while Jane's mother is within earshot • Jane to be more flippant or light-hearted with her responses to her mother's comments.
Imagine the outcome	• More acceptable displays of anger from Jane's child. • Jane will feel less criticised by her mother.
Solution chosen	• To continue with the morning routine for getting dressed. • To continue to use the timer when appropriate, but not to overuse it • To speak to Ann about what makes angry, reassuring her that it's OK to be angry but not OK to throw things • To speak to Ann about a new way of showing that she's cross that is acceptable to her, Jane and Jane's husband • To offer Jane's mother earplugs for the journey in the car (they were all going away for a short holiday).
Empathy	• Jane understood that taking Ann's treat away halfway through a task was the reason for her temper. • Jane will try to understand what makes Ann angry.

8.10.3.1 Reflection.

Jane is trying to use more empathy towards Ann when she is angry instead of being over-reactive. She is starting to realise the cause of Ann's angry feelings, such as taking away a treat from Ann. Jane has used reflection without negative self-talk to acknowledge

what had happened. She has learned from this incident and will be more mindful on future occasions. This could be considered a 'critical moment' for Jane. Jane expressed disappointment about being the subject of her mother's negativity and she had feelings of self-doubt about her abilities as a parent. The coach encouraged Jane to reflect on her achievements with Ann in the mornings and suggested that Jane could mention positives about Ann to her mother in future conversations. This might change Jane's opinion of her parenting abilities by focusing on positives rather than apologising for her perceived failings.

8.10.4 Session 4.

Jane reported that the previous week had been nice. The family had been on holiday to some cousins and there had been no outbursts or tantrums from Ann. Jane thinks that Ann's confidence has grown. Ann sat next to Jane in the car for the journey and they played games which Jane said was very pleasant. Jane had deliberately done something different and it had encouraged a different response from Ann. Jane encouraged Ann to help with small tasks such as unpacking her suitcase, which Ann was happy to do. Ann started to help without being asked while on holiday and was less demanding of Jane's time and happy to entertain herself for short periods of time. Jane was very happy about this and given positive feedback to Ann to reinforce her behaviour. Ann was showing that she was more intrinsically motivated during the holiday which may have been the result of Jane possibly being more autonomously supportive (Joussemet, Landry, & Koestner, 2008).

Table 8.4 presents a summarised version of what was discussed during this session.

Table 8.4

Session 4

PRAISE Model	
Parenting issue identified	• Discipline and different ways of dealing with behaviour issues
Progress made since last session	• No outbursts or tantrums.

	• Good 'quality' time. • Ann was less demanding of Jane's time. • Ann helped without being asked.
Relevant realistic goals	• Fewer angry outbursts
Alternative solutions	• To give a warning and/or two choices • To use a raised voice • To stay calm when dealing with outbursts.
Imagine the outcome	• Ann developing more self-control and telling Jane when she is cross about something rather than showing it through her behaviour
Solution chosen	• To try all three alternative solutions • To use a simple calendar to plan each day which will also serve as a reminder of what they have done.
Empathy	• Jane is starting to understand more what makes Ann cross.

8.10.4.1 Reflection.

The previous week had been very positive for Jane, so Session 4 had consisted of a more general conversation about how Jane could deal with issues of unwanted behaviour. Jane was now reportedly much calmer when dealing with Ann and shouted less, so the suggestion of using a raised voice on rare occasions was a proposed solution. Jane and the researcher discussed the fact that sometimes, in times of danger, for example, a raised voice is necessary, and that it has more effect when not overused. Jane is now showing more empathy when dealing with Ann and hopes that Ann will reflect this by becoming more empathic back. Jane appeared to be becoming more confident in her parenting and her relationship with Ann seemed improved.

8.10.5 Session 5.

This session was postponed by a week by Jane, and she updated the researcher via email. There had been two incidents of note which Jane dealt with in a way which worked for them. Ann understands the concept of two choices and has reminded Jane of that when she did not give choices and just a consequence.

At the start of session five, Jane reported a very positive week with only small issues. Jane has noticed that Ann has more 'wobblies' when she is tired. When Jane physically got down to Ann's level and told her that she understood why she was cross it worked well. Jane's rapport and empathy with Ann is increasing. The calendar was proving to be successful and everything seemed more fun. On one occasion Ann got her own clothes and got dressed by herself which earned her an unexpected reward from Jane.

Table 8.5

Session 5

PRAISE Model	
Parenting issue identified	• Minor issues: sometimes they are late for school
Progress made since last session	• Using the calendar is working well. • Ann was happy when Jane told her she understood why she was cross • Everything is more fun. • Ann got her own clothes and got herself dressed.
Relevant realistic goals	• To acknowledge Ann's feelings wherever possible. • To try not to fit in too much before leaving for school • To avoid suggesting Ann is tired or to link watching TV with being tired.
Alternative solutions	• To achieve the above realistic goals • To continue with what Jane is doing
Imagine the outcome	• A calmer household with a feeling of fun.
Solution chosen	• Jane to take ownership of what can realistically get done before taking Ann to school • Continuing to deal with Ann's wobbles in a way that is working • Encourage Jane's husband to try not to label their child and to be displeased with the behaviour rather than the child.
Empathy	• Jane is acknowledging Ann's feelings more which is making a positive difference to Ann's behaviour.

8.10.5.1 Reflection.

In reflection of the positive week reported by Jane, Table 8.5 shows that more general conversation took place during the coaching session about minor issues happening at home.

In this mid-intervention session, it was timely for Jane to continue doing what was working, as suggested in the solution-focused coaching approach.

The researcher had responded to the contents of Jane's email also via email and was conscious that the written word can have the potential to be misinterpreted because it lacks the nuances of the spoken word.

8.10.6 Session 6

Since the last session, Jane described the morning routine as much better and Jane reported that Ann is enjoying getting herself dressed in her company and this is building more independence. Both Jane's mother and Jane's husband noticed that what Jane is doing is working well with Ann and have said that they are going to try to deal with Ann in a similar manner. This has boosted Jane's self-confidence and feelings of self-efficacy and should reduce her inhibiting thoughts. Now that Jane feels she has better routines in place, the topic covered in Session 6 was the irritation Jane feels when Ann will not play by herself as described in Table 8.6

Table 8.6

Session 6

PRAISE Model	
Parenting issue identified	• Ann does not like playing on her own.
Progress made since last session	• The morning routine is much better. Getting herself dressed seems to be building Ann's independence. • Jane's Mum has noticed and commented positively on the changes Jane has made. • Jane's husband is also trying to change how he deals with Ann.
Relevant realistic goals	• Ann to occupy herself more often and for gradually longer periods of time.
Alternative solutions	• Jane to deal with Ann in the house in the same way as she does when they are out • Jane to make a lucky dip of activities that could be done between getting home after school and teatime • Jane to make it sound as though Ann could do something on her own as a surprise for Jane.

Imagine the outcome	• More breathing space for Jane • Ann being happier playing by herself.
Solution chosen	• Jane to make a lucky dip of activities to do at home before teatime • Jane to continue to come down to Ann's level when dealing with a fuss • Jane will make playing on her own sound to Ann like fun rather than in a way that makes Ann think it is a punishment or a dismissal.
Empathy	• Jane will try to always come down to Ann's level when dealing with a fuss.

8.10.6.1 Reflection.

The coaching conversation in this session focused on reframing how Jane was thinking about Ann wanting them to play together. Jane realised that it was a similar situation to the previous issue of Ann not wanting to get dressed by herself in the morning. Jane realised that Ann's demands to play could be interpreted as a positive rather than a negative, in that she enjoyed Jane's company, and Ann is an only child after all. Jane does have some self-blaming feelings and guilty feelings that Ann has no siblings to play with. Jane acknowledged that this was a thinking error, often identified within the cognitive-behavioural coaching approach, and decided that her use of language towards Ann as well as encouraging Ann to play near her while she prepared food, for example, might improve the situation. There were some critical moments identified by Jane in this session. Critical moments are exciting or significant moments during participants' coaching interventions that occur following a coaching session (De Haan, Bertie, Day, & Sills, 2010). One example of this was Jane realising that her parenting was more effective when she physically came down to Ann's level when talking to her. The fact that her husband and mother had noticed the changes Jane was making to her parenting approach with Ann was a great motivator for Jane to continue with this approach and also boosted her confidence in her parenting abilities.

8.10.7 Session 7.

The new morning routine appears to have settled in and Ann is getting dressed every morning with no fuss. Jane reported that she has been actively supporting Ann to be more self-initiating and autonomous, elements of self-determination theory (Joussemet, Landry, & Koestner, 2008). Jane's husband has been taking more of an explanatory approach with Ann which is working well. Ann played on her own for half an hour one morning which gave Jane a lie-in and the opportunity to be very positive and verbally pleased with Ann.

Following on from Session 6, Session 7 continued to focus on Ann being able to occupy herself happily without Jane. It seemed to Jane that Ann was also trying to assert herself by wanting to change plans that Jane has made. The conversation from Session 7 is summarised in Table 8.7

Table 8.7

Session 7

PRAISE Model	
Parenting issue identified	• Ann is still reluctant to entertain herself • Ann being whiney or going physically floppy • Ann wanting to change plans that Jane has made • Jane having a negative reaction to certain words that Ann uses.
Progress made since last session	• Getting dressed is now a settled routine. • Ann played on her own for ½ hour one morning which gave Jane a lie-in and the opportunity to be pleased with Ann.
Relevant realistic goals	• Ann to be happier to play on her own for short periods.
Alternative solutions	• Jane to encourage Ann to occupy herself independently of Jane and/or Jane's husband when in the same room • Jane emulating Ann's floppy demeanour • Jane to acknowledge Ann's ideas • Jane to have a plan for the day or part of a day and share it with Ann • Jane ignoring the behaviour • Jane to acknowledge Ann's feelings, e.g. of being bored • Jane to use the skills which are working in more situations e.g. two choices.

Imagine the outcome	• Jane will have less harsh feelings and use less harsh words when Ann says something to her that she takes as a criticism and therefore feel more positive • Ann will be happily occupying herself for short periods of time to allow Jane to get on with something she needs to do.
Solution chosen	• Jane will apply what already works to more situations • Jane will have a conversation with Ann at bedtime about what is going to happen the next day • Jane will ignore the floppy behaviour or make light of it • Jane will acknowledge any suggestions Ann might have about plans Jane has made.
Empathy	• Jane acknowledging Ann's suggestions to show that she values Ann's opinions as well as acknowledging Ann's feelings.

8.10.7.1 Reflection.

Much of the conversation between the researcher and Jane focused on how she felt when Ann wanted to change plans she had made and why she felt like that. Jane acknowledged that her thinking at the time of these incidents was irritation that a child was challenging an adult's decision. By unpicking these thoughts, Jane started to reframe her interpretation of these incidents and to put herself in Ann's shoes to reflect on how she would feel if someone always ignored her suggestions out of hand; elements of solution-focused and NLP coaching. She acknowledged that Ann is intelligent, and that she was not making alternative suggestions as a criticism of Jane but was wanting to have an input. Jane realised that her reaction to Ann was causing the resulting poor behaviour and that if she changed this reaction, by acknowledging Ann's suggestion and not feeling that she has to implement the suggestion, she may get different behaviour from Ann. Jane also decided to do something different when Ann goes 'floppy' and to ignore it rather than get irritated by it.

8.10.8 Session 8.

This session took the form of an email conversation as Jane and her family were away for three weeks on holiday and visiting Jane's parents-in-law abroad. Jane felt that everything was going generally well, and she reported that it seemed easier to deal with things differently, that is in a more relaxed way, away from home. Table 8.8 contains a summary of the email conversation.

Table 8.8

Session 8

PRAISE Model	
Parenting issue identified	• Ann quite aggressive and sulky after parents had left her with grandparents for a couple of days and nights • Ann quite moany when tired • Jane and her husband often have very different ways of dealing with their child.
Progress made since last session	• Jane tried to ignore minor misbehaviour. • Jane is actively trying to use positive language. • Jane is getting down to Ann's physical level when talking to her. • Jane has been trying to see things from Ann's point of view.
Relevant realistic goals	• Jane to deal with situations in a calm way.
Alternative solutions	• Jane to take a moment before responding to Ann's moans • Jane to say her first response in her head before responding to Ann if it is a negative response • Ignore poor behaviour where possible.
Imagine the outcome	• Jane less stressed • More positive atmosphere.
Solution chosen	• Jane to continue to deal with upsets calmly and at Ann's physical level • Jane to say negative responses in her head before responding to Ann.
Empathy	• Identifying that Ann's behaviour changes when she is tired. Jane is taking time before responding to Ann so that she can be more empathetic in her responses.

8.10.8.1 Reflection.

This session's dialogue was not as immediate as a telephone conversation due to the delayed nature of email. The researcher responded to the narrative sent by Jane and was once again conscious that the written word lacked the nuances of a verbal conversation. Jane had reflected on Ann's behaviour after being left with her grandparents for a couple of nights and realised that this had happened previously and that it was Ann testing boundaries. Jane therefore tried to ignore the behaviour rather than reacting emotionally to it. The coach was able to give positive feedback to Jane about reflecting and doing something different. The act of doing something different is a key element in a solution-focused brief therapy model (De Shazer et al., 1986).

8.10.9 Session 9.

The holiday had apparently been very enjoyable, and Jane stated that she has not been pushing Ann and has also not been stubborn towards her. This has achieved positive results in Ann's behaviour. Jane has changed her behaviour and got different reactions in return. Giving two choices has worked well as has acknowledging Ann's feelings. There have been fewer floppy incidents and Ann is showing she is angry in her facial expression instead of throwing things. When on holiday Ann started to realise when her parents were busy and found something to do by herself on these occasions. Jane acknowledged that this was a positive change.

Despite the improvements acknowledged by Jane while the family was on holiday, once they returned home the same issue re-occurred: that of Ann being unwilling to play by herself. The coaching conversation in session 9 focused on what was different between when they were on holiday and when they are at home.

A summary of what was discussed is presented in Table 8.9

Table 8.9

Session 9

PRAISE Model	
Parenting issue identified	• Ann still not often playing on her own for a short time.
Progress made since last session	• Jane has not been pushing Ann and has not been stubborn with her – this has achieved great results. • Giving two choices has worked very well.
Relevant realistic goals	• Jane able to complete some work or prepare a meal while Ann occupies herself.
Alternative solutions	• Not to use the words 'play on your own' • Jane to put together a basket of toys or activities that Ann will enjoy and be happy playing with on her own • Jane to have an outline plan for weekends which sometimes includes two choices.
Imagine the outcome	• Ann happy to play by herself for a short space of time to allow Jane to do what she needs to do.
Solution chosen	• Jane to continue with those strategies that are working well • Jane to continue to stay calm when dealing with Ann • Jane to put together a basket of toys and activities that Ann will enjoy playing with and swap them around so that there will be a surprise each time the basket gets used • Jane will put a sticker chart in place so that Ann has a visual record of working towards a big treat such as camping • Jane will involve Ann in deciding how she will gain a sticker and either have a list or recap each day before bed to see whether the sticker has been earned.
Empathy	• Jane realised that asking Ann to play on her own sounds negative and perhaps hurts Ann's feelings so Jane will avoid that terminology.

8.10.9.1 Reflection.

Jane realised that what she was doing at home was not working and acknowledged that she felt more relaxed on holiday and admitted that she reacted differently to Ann in that context. This behaviour change whilst on holiday indicates that Jane's self-efficacy and confidence in her parenting skills are improving.

Jane also realised that she needed to have goals that could be gradually worked towards with small steps in the same way as she was proposing steps for Ann towards a large goal or reward. This is part of the solution-focused coaching approach. Some of the solutions chosen by Jane involved a collaborative approach with Ann, much like the coaching process used in the PRAISE intervention.

8.10.10 Session 10.

There was a gap of a fortnight since session 9. There had been many positives as well as various struggles. Ann had been very tearful and there had also been many tantrums. On the plus side, offering two choices had worked well and Ann sometimes asked for two choices. The basket of activities had been successful, and the sticker chart has also worked well, having involved Ann in deciding how she will gain a sticker. Jane has put up a whiteboard and written 'What are we grateful for today?' on it. The whole family contributes to this and it is proving to be a very positive experience. This reflection on positive experiences and enjoying the memory of them lies at the heart of positive psychology (Kauffman, 2006), another approach integrated into PRAISE .

Session ten was the final session and Jane felt that her parenting strategies were mostly working. The topic of conversation during this session was about Ann not doing what Jane asks her to do. A conversation was conducted between Jane and the researcher about reframing her thoughts about Ann to be less negative and to continue to have empathy with Ann's feelings. This final session is summarised in Table 8.10.

Table 8.10

Session 10

PRAISE Model	
Parenting issue identified	• Ann not doing what she is being asked to do.
Progress made since last session	• Lots of positives but sometimes a struggle.

	•	Two choices is still working well and sometimes Ann asks for two choices. • Activity basket is working well. • Sticker chart put in place and Ann is enjoying it. • Put up a whiteboard with 'What are we grateful for today?' written on it which everyone talks about at the family meal.
Relevant realistic goals	•	Ann doing what she has been asked to do.
Alternative solutions	•	Jane to change her mind set about Ann's 'nit-picking' by calling it inquiring or problem-solving or even analytical in her mind to change it into a positive trait.
Imagine the outcome	•	Ann becoming more independent where this is feasible.
Solution chosen	•	Jane to continue to use those techniques which are proving effective • Jane will put some positive mantras on the fridge • Jane will tell Ann when she is feeling angry and then have some time out herself to let the angry feelings dissipate, where possible • Jane will encourage Ann to talk to her about any worries • Whenever there is a fuss about what Jane has asked Ann to do, Jane will walk away and leave Ann to decide about doing what she's been asked to do.
Empathy	•	Jane now feels she is thinking more from Ann's point of view. Jane is not belittling Ann or Ann's ideas. Jane can now acknowledge that it's OK for Ann to still need help with things and Jane is willing and able to alter things to match her progress. Jane values Ann's opinion and can empathise with her feelings.

8.10.10.1 Reflection.

Jane is now more mindful and aware of both her emotions and others' emotions. She intimated that she would apply her new ways of dealing with Ann to other areas, such as learning to safely cross the road on her own, which is something Ann wants to do in order to go independently to their local shop. These are examples of Jane developing empathy and relatedness which are consistent elements of self-determination theory (Deci & Ryan, 2008). When asked what was going to be useful her going forwards Jane said:

- "I realise that it's OK for Ann to still need help with things and I will alter things to fit her progress".

- "I will keep valuing Ann's opinion". And
- "I will empathise with Ann's feelings".

The researcher was able to be positive in her feedback to Jane about the progress she had made over the course of the coaching intervention. Jane said she was satisfied with the goals she had achieved. Jane felt that she had an improved relationship with Ann and was now confident that she would apply her new parenting approach to any new challenges she might encounter with Ann's behaviour. Jane said: "I feel more comfortable with my situation".

The researcher felt that the coaching intervention using PRAISE had been an effective intervention for Jane and had been instrumental in boosting Jane's confidence in her parenting abilities and in supporting her to make changes to her parenting practices that worked for her.

8.11 Post-intervention Parental Feedback and Evaluation of the Coaching Intervention.

At the end of the ten-session coaching intervention, Jane gave feedback via an evaluation form sent electronically with the Time 2 set of measures (Appendix H). Some questions were rated on a scale of 0-10 which were: how helpful Jane had found the intervention and how she rated her confidence in her parenting skills. Jane scored the helpfulness of the intervention as ten out of ten and her confidence in her parenting skills as eight out of ten. There were some questions with 'yes', 'no' or 'same' answers. Jane answered in the affirmative that: she had achieved her parenting goals; there were improvements in her relationship with her child; there were improvements in Ann's behaviour; she had better parenting systems in place and there were improvements in the home environment in general. Jane indicated that she would not change anything about the intervention. When asked about the intervention process she wrote that the coach "never

judged me and always made me feel comfortable about being 100% honest with her, even if this was hard for me".

8.11.1 Parental reflection.

In addition to the general feedback form, at the end of session 10 Jane gave the coach a verbal evaluation of the coaching process and identified areas in her parenting which she considered as having changed. Jane felt that the coaching process had helped her to put things into perspective and said:

"I am now thinking more from Ann's point of view and I'm not belittling her".

The most useful thing about coaching for Jane was that it was "an amazing support mechanism that provided me with the opportunity to talk things through with someone who was not either a family member or a friend". She said: "It has been good to have time to yourself to have a conversation about your parenting and your child." She also said "It's been good to be able to share it with X (husband) either directly or through telling him what has worked with Ann". Jane had also developed new positive beliefs about herself. She said:

"I feel more comfortable with my situation and I now believe that I am capable and ready for a responsible job." This shows that Jane had developed better feelings of competency which is one of the basic psychological needs identified in Deci and Ryan's (2008) self-determination theory.

8.12. Time 3 Parental Feedback and Evaluation of the Coaching Intervention.

In addition to the set of questionnaires, Jane was sent an evaluation form to complete at Time 3 which asked for a description of how she was still using the skills gained through the intervention and to rate on a scale of 0 to 10 her confidence in their parenting skills and her relationship with her child (Appendix I). Jane rated her relationship with Ann as ten out of ten and her confidence in her parenting skills as eight out of ten. Jane ticked 'yes' that she

was still using the parenting skills she thought she had gained through the intervention. In response to how she has used those skills Jane wrote " to change the way I think about my child's behaviour". When asked to explain what the most important qualities of the coaching intervention had been for her Jane wrote: "How personal it was to my circumstances" which ties in with findings from research on the strength of the bespoke nature of coaching (Bresser & Wilson, 2006) when compared with the often one-size fits all approach of parenting programmes (Ogbu, 1981). She stated that she had also found it extremely helpful to explore different ways to deal with situations with the coach. She said she would recommend the intervention to other parents. She also said that she felt that she needed more support with her parenting.

8.12.1 Additional evaluation and reflection.

When approached for permission to use her intervention as the case study, Jane emailed further comments alongside her agreement. Jane felt that the coaching intervention was pivotal in changing her parenting style. She felt that she had learnt to be much more empathetic and to see Ann's behaviour in a completely different way. Jane said that she understands that Ann's behaviour and attitude is not a reflection on Jane and what matters is how she deals with that behaviour. Jane reported that she was much happier as a parent and was taking a lot more pleasure from her time with Ann. She also said that her relationship with her husband had gone from strength to strength alongside Jane's calmer way of dealing with their child. Jane feels much more confident about herself as a mum and more confident in her parenting abilities. Jane said that she had continued to read about parenting and had become a seeker of knowledge on this topic.

8.13 Quality Control

The evidence of the reported positive changes by Jane as a result of the coaching intervention is corroborated by the handwritten notes of the coaching sessions as well as the

data collected through the measures. Also, during the intervention Jane did not attend any other parenting courses or take advice from other sources. This suggests that the coaching intervention has been the cause of any positive changes in the measures and in the self-reported feelings of confidence and self-efficacy by Jane. The use of the JT method (see Section 5.7.4) adds weight to the clinical significance of the results. Demand characteristics could have had an effect on Jane's behaviour. This concept originated in the work of Orne (1962) and refers to the possible effect on research results from participants being aware of what is being researched and measured and changing their behaviour accordingly. This has also been called the Hawthorne Effect (Adair, 1984). This researcher has the opinion that had Jane behaved in a certain way because she wanted to please the researcher the desired or hoped-for changes in her child's behaviour would not have occurred. Also, there was a certain pattern of findings, rather than improvements across all the measures, which would be more likely with demand characteristics. Furthermore, the researcher does not think that demand characteristics would have led Jane to score the measures more highly or more positively than the real situation merited to please the researcher as the researcher and Jane appeared to have a very open and honest collaborative relationship.

8.14 Discussion and Lessons Learned

This case study fulfilled its objectives of:

- documenting the coaching process using the PRAISE model through the inclusion of notes on each coaching session.
- analysing the coaching process through the parent's feedback and the researcher's reflections
- documenting and analysing the participant's experience of the change process through the participant's feedback and evaluations.

This case study aimed to demonstrate how the PRAISE coaching model was used in practice in a real-life context and to determine whether it would be a useful parenting intervention. From the verbal and written feedback provided by Jane at the conclusion of the ten coaching sessions it appears that the coaching model was received well by Jane and that the intervention had been a positive experience for her (see sections 8.12 and 8.13). Jane's feedback during the ten sessions suggested that Ann enjoyed the changes Jane made during the time of the intervention and

The results from the data analysis reported in sections 8.9.2 and 8.9.3 demonstrate the success of the coaching intervention for the participating parent. The explanation for the reduction in scores in some areas may have been because Jane felt she was concentrating on making changes and that she was being stricter and therefore less affectionate, although the narrative from the PRAISE sessions would contradict this. Jane may also have thought that she was not coping well with pressures because she was explaining the changes she was making, or she may have felt under pressure to succeed with making the changes.

The differences seen in the data at Time 3 suggested to the researcher that Jane had continued to use the parenting skills gained during the coaching intervention. The sustained effects might be explained by the changes made to the parent-child relationship, an effect identified by van Aar, Leijten, Orobio de Castro, and Overbeek (2017). Jane perhaps confirmed this when she said: "I am so much happier as a parent and take a lot more pleasure from my time with Ann".

Although there were no significant differences in the Adult Well-being Scale scores when the data collected at the different timepoints were compared, there were improved scores. This suggested to the researcher that Jane was dealing with Ann's unwanted behaviour in a much calmer manner during the intervention, and that this new behaviour

continued after the intervention. Jane felt: “that what I learnt was pivotal in changing my parenting style.”

Coaching using PRAISE appeared to encourage this parent to determine and make changes to her own behaviour in order to get her child’s behaviour to change. Jane said: “coaching helped sow the seed of being more confident about myself as Ann’s mum and accepting that rather than making excuses.” A conclusion can be drawn that increased parental confidence is necessary before changes in a child’s behaviour occur as suggested in research (Moran & Brady, 2010).

In looking for signs that indicated the success of the use of the PRAISE coaching model, the researcher noted that the importance of empathy emerged as a key turning point in the way the participant was acting as a parent. This realisation on the part of the participating parent appeared to be the start of her successful achievement of her goals regarding her parenting issues. Empathy emerged as a key indicator in showing how the positive results demonstrated with the measures were achieved. Jane said:

“I have learnt to become so much empathetic and see Ann’s behaviour in a completely different way. I now understand that her behaviour and attitude is not a reflection on me, but it’s how I deal with it which matters”.

Jane also demonstrated autonomous regulation in being persistent in changing her parenting behaviour and the role this played in improving the quality of her relationships both with her child and her own parents as well as improving her feelings of well-being. These behaviours are highlighted in self-determination theory (Ryan & Deci, 2006). Jane had chosen to take part in the research study and chosen to participate in a coaching intervention. She had also chosen to examine her parenting behaviours and to make changes to these in order to achieve her goals.

An important element that emerged from analysing this case study was that the perceptions of other people of the effectiveness of a parent's skills as a parent can be very influential on the confidence and self-efficacy of that parent. The positive nature of the PRAISE coaching model is going to be key in boosting parental confidence and self-efficacy and in supporting parents to positively reflect on their parenting achievements which will encourage them to continue using their parenting skills in a way that is effective for them.

8.14.1 Lessons learned.

This case study was written after the research study had taken place. Writing the description of the coaching process with this parent gave the researcher the opportunity to reflect on the successful elements of the process and to identify areas where lessons have been learned for future coaching sessions with parents.

Initially, at the first session, this researcher was not expecting there to be a range of issues that Jane had, rather than one particular issue. On reflection, the researcher realised that being a parent can be complicated and perhaps being given the opportunity to talk to an independent listener about your experiences as a parent encourages that parent to voice everything they are struggling with. The lesson this researcher has taken away from this is that before coaching commences with a parent the researcher needs to ask them to think of one particular issue that they want to resolve. In Jane's case, the goals and solutions at the end of the first session concerned her own behaviour when dealing with issues in general.

During the course of the coaching intervention, at the end of each session, the researcher needed to remember to check that Jane was happy with the content of the coaching session and comfortable with the actions agreed. This an important lesson to take forward into future coaching sessions as agreed actions for parents need to match their values and beliefs in order for them to work successfully.

A good lesson learned was that behaviour change can worsen as well as improve. This coaching model is working with an adult to change their behaviour in order to affect the behaviour of a child. Every individual is different, and every adult experiences good and bad weeks, so it was important for the researcher to be able to pick out positives from a week where Jane felt that she had not done well. The researcher needed to model empathy in her conversations with Jane and to reassure Jane that one step back does not mean overall failure.

The most valuable lesson learned was that the coaching nature of this intervention makes it possible to tailor it completely to the needs of the parent. Some issues might seem trivial to an onlooker, such as a battle over getting ready for school, but in this case, for Jane this was a big problem and started the day for her and Ann in a very negative way.

8.15 Conclusion

This case study confirmed the usefulness of using an integrative coaching approach with solution-focused and cognitive-behavioural content as a parenting support intervention for the parent described in this case study (Berg & Szabo, 2005). It also demonstrated how tailoring an intervention to the needs of the participant can be effective. The PRAISE model seemed to be effective in supporting this parent in gaining an insight into her own behaviours and her responses to her child's behaviour. The solution-focused cognitive-behavioural coaching model also gave the parent the chance to reflect on whether her parenting behaviours were effective or ineffective. From her comments and feedback, Jane appears to have welcomed and valued this chance to reflect. This case study also demonstrated that the coaching model was effective when delivered over the telephone, supporting previous findings (Ghods, 2009). The importance to this study was that the participant was given the choice of how she wanted to participate in the intervention (Clark et al., 2008). The researcher realised that this was both a time-effective and cost-effective way of delivering the coaching intervention. The effectiveness of a telephone delivery also widened the potential

reach of the coach as participants in future PRAISE interventions could access coaching sessions from wherever they live. This is particularly pertinent to participants whose circumstances mean that they are unable to leave their homes.

The sustainability of the effects of the intervention for this parent was also demonstrated. This adds to the literature on the longer term effects of coaching, as Passmore and Fillery-Travis (2011) identified this as an area that has not been widely researched . This participant-led and individually tailored PRAISE coaching model differs from many other parenting interventions and appears to have been effective with the subject of this case study. The three basic psychological needs of competence autonomy and relatedness identified by Ryan and Deci (2008) in self-determination theory, one of the main theories underpinning PRAISE, appear to have been fulfilled for Jane during this intervention. Jane's self-motivation appears to have increased as a result of the coaching intervention.

The following chapter contains the reflections of this researcher.

Chapter 9. Reflexivity

This thesis and its content reflect the culmination of a six-year part-time PhD journey. Having previously completed an MSc on the theory and practice of parenting, I approached the PhD more as a practitioner than a researcher.

The majority of my working life had been involved with children and parents and in the eight years prior to the commencement of my PhD I was working with parents struggling with their children's behaviour to the point where the children were involved in anti-social behaviour. During this time my initial method of trying to help through advice giving changed to a more enabling role and I have found that I have a naturally optimistic nature, always able to find a positive from a negative situation. I discovered that this was a very beneficial trait when working with parents who felt they were failing and they began to emulate this more 'can do' attitude.

In my final role at a borough council, as well as training in evidence-based parenting programmes I studied Neuro Linguistic Programming gaining a Foundation Diploma. This led to my being trained and working as a corporate coach for the Council. This training and coaching experience has led me to believe that a coaching approach would be a very efffective method when used with parents. The premise is that instead of giving advice and offering solutions, the coach works with their coachee to help them come up with their own solutions, encouraging and motivating them to make and then sustain changes.

Having been trained to deliver parenting courses and to also train facilitators of courses I had been disappointed on occasion about how strictly the facilitator needs to stick to the course material. This has sometimes meant that parents are frustrated and even put off continuing with the course when they have felt that their 'burning' issue is not able to be either heard or dealt with because it does not fit with the current session they are attending.

This reinforced my belief that coaching would provide a much more flexible method of working with parents.

Having seen first hand how effective the coaching model was in the corporate model at the Council and having read about its effectiveness in other fields such as sport and music as well as 'life coaching' I wanted to test my hypothesis that it would be equally effective in the field of parenting. In addition, in the current climate of shrinking resources, positive results from this piece of research would be a very cost effective way of providing parenting support and would widen the number of practitioners able to work with parents

As a parent and grandparent, I was able to empathise with the parents who participated in this research study and with some of their experiences. Being a parent appeared to give me credibility with the participants for whom that seemed to be important. An important question for me was whether the parents' relationship with me – the coaching alliance – influenced the coaching outcomes and whether a different coach would have achieved the same outcomes. This would be an area for future research, as well as the use of an independent observer, perhaps, to monitor whether the PRAISE coaching approach was being used consistently by the coach during the intervention.

From my experience of parents welcoming support with their parenting, I did not anticipate the obstacles I encountered in recruiting parents to the research study. My attempts to recruit parents through primary schools failed due either to school resistance to opt into a new intervention or school reluctance to deviate from their tried and tested parent support methods. I am grateful to the two primary schools who were happy to distribute information about this research study to their parents. I encountered similar obstacles when trying to access parenting groups. My initial intention was to compare the intervention using PRAISE with an evidence-based parenting programme such as Incredible Years. However, where Incredible Years was being offered to parents, the facilitators were reluctant to share their

measures data with me, even though it would have been anonymised, and were also reluctant for me to participate with them to facilitate the course. The nature of this thesis therefore changed to testing the coaching model with parents and comparing the results with a non-intervention group.

I felt very strongly that because this was an intervention offered to parents who were struggling with aspects of their child's behaviour, the right way to recruit to the non-intervention group was to allow the responding parents to choose whether they wanted coaching or not. I knew from experience that when parents are experiencing problems they do not want to wait a length of time for support.

On the whole, the issues presented by the participating parents were what I would have expected, such as children not listening to parents; children arguing with parents; juggling time; child's attention seeking behaviour. However, there were issues for some parents that were different, such as a child being downhearted and having come out as gay; and another parent having the very specific issue of screen time with her child. These latter issues reinforced for me the need these parents had for an intervention that could be tailored to their very personal needs.

During the course of the coaching sessions with each parent I had to sometimes adjust my expectations that progress would be made each week. I had to try not to be personally disappointed when parents had not had a positive week. I realised that I had to remind myself that progress is not always possible and that in real life other issues can affect a parent and their focus on their parenting behaviour. I had to remember what I had told parents – that with a parenting intervention, a child's behaviour sometimes worsens before it improves, and I needed to highlight any positives from my conversations with parents on those occasions.

For the analysis of this research study, I focussed on data collected through measures with a small amount of qualitative feedback. For future research I would include more

detailed qualitative feedback from parents as I realise that how parents feel about their parenting is as important and interesting as their self-reported scores. Data collected through self-report measures indicates how a parent feels at the time they have completed the measures but written feedback can be more explanatory, perhaps giving the researcher the reason behind the scores.

One disappointing aspect of the study was that all the participants, in the coaching and non-intervention groups, were mothers. Although this is typical for parenting research (Bayley, Wallace, & Choudhry, 2009; Panter-Brick, et al., 2014; Tully, et al. 2018) and I recruited through general parenting online platforms, not just sites aimed at mothers, future research could try to find arenas for recruitment which have more of a mix of parents. I have personally experienced that fathers do not readily participate in parenting interventions or actively seek help with their parenting. In my years of providing parenting support and facilitating parenting programmes, I have only once provided a parenting intervention for one father who sought help from his GP when he realised that he did not have the parent-child relationship he wanted with his child.

The following, final chapter, is a general discussion of the whole thesis. The contribution this thesis makes to research is explained and the implications and applications set out. The strengths and limitations of the thesis are presented together with an exploration of areas for future research.

Chapter 10. General Discussion

10.1 Overview

This chapter contains a general discussion about the research study as a whole. First the aims of this thesis and research study are summarised (Section 10.2) and then a summary of the development of the PRAISE coaching model is presented, (Section 10.3.1). Key findings from the results of the case study (Section 10.3.2) and the coaching vs non-intervention studies (Section 10.3.3.) are summarised before what the current research adds to the existing knowledge base is considered. The implications and applications of the research (Section 10.4) as well as the strengths and limitations of the research are also considered (Section 10.5). Ideas for future research are discussed (Section 10.6) and the chapter closes with some concluding remarks (Section 10.7).

10.2 Aims and Research Questions of the Thesis

The evidence base is unclear about how many parents seek non-clinical advice about parenting. However, the large number of parenting groups on social media suggests that many parents seek help, support and advice from their peers and other informal sources before seeking professional help (Pavuluri, Luk, & McGee, 1996). Not every parent wants to attend a parenting group and life circumstances do not always allow for parents to attend a group, so there appeared to be a need for a flexible parenting intervention for the non-clinical population of parents who want support with their parenting (Small, Cooney, & O'Connor, 2009). Coaching methods are tailored to the individual and fulfil the identified need for active participation in an intervention for it to be effective (Korfmacher, Kitzman, & Olds, 1998). This is because a person is more likely to be actively engaged in an intervention when it is tailored to their individual needs. Active participation has been recognised as a critical element of effective parenting interventions (Powell, 2005) and coaching methods may

therefore be the solution to creating flexible parenting interventions that actively engage parents, leading to change.

The main aim of this thesis was to test the effectiveness of a new integrative solution-focused coaching model which was an adaptation and development of current solution-focused coaching techniques. One of the most important aspects of a solution-focused intervention is the relationship between the coach and the participant. The person being coached is regarded as the expert and the coach uses questions and reflection to encourage clients to recognise their own set of strengths and skills which are relevant to their issues. Solution-focused coaching also focuses on positive achievements rather than dwelling on failures. The PRAISE model was inspired by the PRACTICE model (Palmer, 2007) to be used in the arena of parenting interventions. It was based on earlier frameworks and techniques that have been successfully used in coaching such as the Socratic approach and the cognitive behavioural approach. Palmer (2004) has acknowledged that coaching is effective in several different fields and has been accepted as a useful tool in the business, sports, health and personal arenas and has suggested that there are further applications.

Parenting is an area where evidence-based solution-focused coaching has not been utilised as an intervention although solution-focused brief therapy has been used effectively with families and children (Woods, Bond, Humphrey, Symes, & Green, 2011). There is also a new family life coaching approach within the field of coaching psychology, which has grown out of family science (Allen, 2016) indicating that coaching is being considered as an intervention for families experiencing relationship difficulties. There are life coaching programmes available to parents in the UK which address personal issues, but PRAISE is the first coaching model developed specifically for parents experiencing issues with their children.

The main aim of this thesis was to examine the effects of coaching on specific areas of parenting, namely parenting behaviours, parenting skills, parental self-efficacy, parental well-being and the parent-child relationship. A child behaviour measure was also included in the research to investigate whether perceived child behaviour is improved when the parent engages with coaching using the PRAISE model. The research questions generated from the aims of this thesis were:

1. Can this coaching intervention help parents adapt their parenting behaviour?
2. Can this coaching intervention improve parents' feelings of self-efficacy?
3. Can this coaching intervention improve a parent's perceived relationship with their child?
4. Can this coaching intervention improve parents' feelings of well-being?
5. Can this coaching intervention for parents encourage perceived positive changes in a child's behaviour?
6. Is this coaching intervention equally effective when delivered face-to-face or over the telephone?
7. Can this coaching intervention encourage long-term change?

Hypotheses were formed from these questions which the outcomes discussed in Section 10.3 supported.

10.3 Summary of Key Outcomes

10.3.1 PRAISE coaching model

This thesis introduced PRAISE, a coaching model based on an integrated solution-focused and cognitive-behavioural approach. This approach is a practical approach which can help people to surmount practical problems and to deal with behavioural blocks to performance (O'Connell & Palmer, 2008). This study explored whether this approach might be suitable to parenting support because of the practical/applied nature of parenting and the

findings supported the PRAISE model's effectiveness on a variety of parenting variables. A key aspect of PRAISE is its integrated approach, allowing it to be tailored to a parent's individual needs as well as to their values and personal parenting style. This emphasis on the individual being the focus of the coaching intervention was appreciated and remarked upon by many of the participants in the coaching group (Appendix L and Appendix P) and, in particular, by the case study participant (Chapter 8).

The PRAISE model was inspired by the solution-focused PRACTICE model, which is a practical solution-seeking model which grew out of a problem-solving approach (O'Connell & Palmer, 2008). PRACTICE takes a dual systems approach in helping a participant achieve their goals as well as dealing with psychological and emotional blocks to goal achievement. Many practitioners have adapted the principles of the solution-focused approach to their fields of work including parent training so the premise of using an integrated solution-focused model with individual parents was based on the proven effectiveness of this approach with families (Sharry & Fitzpatrick, 1997). The solution-focused approach in the PRAISE model does not unpick problems, but allows the parent to talk about the problem and in the process of being listened to (something mentioned as valued by the coaching participants in their feedback) parents start to think of alternative solutions. PRAISE incorporates some steps of the PRACTICE model with the addition of a focus on empathy. It is worth noting that the P of PRAISE has an additional meaning after the first session to represent 'progress made' by the parent since the previous session. The multiple representation of a letter in a coaching acronym was also demonstrated by Palmer (2011) when he revisited his PRACTICE model to suggest that the letter P in PRACTICE could represent different phrases depending on the needs of the person being coached and whether the coaching is solution- or problem-focused. Table 10.1. shows the PRAISE model with an explanation of each step of the model.

Table 10.1

The PRAISE Model

Acronym PRAISE
Particular issue identified: what the parent would like to change and/or
Progress made (subsequent sessions after session 1)
Relevant, realistic goals: what the parent specifically wants to achieve
Alternative solutions: what all the parent's options are
Imagine outcome: think about how useful each option is in relation to the parent's goal(s) and imagine the outcome
Solution chosen: parent chooses most practicable option, discusses how to break it down into manageable steps and agrees to implement the option before the next coaching session.
Empathy: encouraging the parent to view issues from the child's point of view.

The emphasis on developing and enhancing empathy in the parents as a mechanism for effecting change in the parent-child relationship was an important aspect of the PRAISE model. Research in the fields of parenting and child development has previously focused on how parental empathy encourages a child's empathy (Strayer & Roberts, 2004; Zhou, et al., 2002) or a child's prosocial behaviour (Farrant, Devine, Maybery, & Fletcher, 2012), but has not examined whether increased parental empathy improved the parent-child relationship (Farrant, Devine, Maybery, & Fletcher, 2012). Increased parental empathy allows parents to deal with their child with more positive emotions (Smith, 2010). The inclusion of empathy within the PRAISE coaching sessions aimed to encourage more positive interactions between parent and child to foster an improved parent-child relationship. The coaching process using the PRAISE model was designed to help parents to see issues from their child's point of view and to understand how they were feeling. This process aimed to help parents think about how they felt about the issues and encourage them to change how they dealt with issues as suggested by Beck (1995) which may in turn improve their relationship with their child as found by Pardini (2008). This research study has found that a significant improvement in the

coaching group's levels of affection towards and empathy and understanding of their child occurred following the coaching intervention and this was maintained. These findings suggest that empathy plays an important role in parenting and are confirmed by the parental feedback. Parents said that focusing on how their child felt made a great difference to their own behaviour and their relationship with their child. This thesis has made a contribution to the field of parenting by proposing that using empathy can be an effective tool for parents when dealing with their children's unwanted behaviour.

10.3.2 Case study

A case study was included in this thesis to illustrate how the PRAISE model is used in practice. According to the RCI scores, there were changes in empathy and understanding, control, discipline and boundary setting and self-acceptance, indicating the effectiveness of the PRAISE coaching intervention at Time 2. Six months later, at Time 3, the RCI scores indicated reliable change in parenting behaviour (total Parenting Scale), as well as in empathy and understanding, control, pressures, and self-acceptance, indicating the long-term effectiveness of the PRAISE coaching intervention. The feedback from the case study participant indicated that the intervention had been well received and she had found the process helpful, especially the tailored aspect of the intervention. The case study allowed for a closer examination of the coaching sessions. The case study participant (Jane) had been bringing up her child (Ann) in the same way that she had been brought up, but this had not been working for her or her child.

After the PRAISE intervention, at Time 2, there were no significant differences in the child behaviour variable measured with the SDQ (Strengths and Difficulties Questionnaire). Before the intervention, child behaviour had been within the normal range of scores and was still within the normal range at Time 2. At Time 3, there were also no significant differences in the child behaviour variable. It might be that the child behaviour problems were not severe

enough at Time 1 for changes to be significant, or it may be that the changes in the parent-child relationship were more important to the participant and these changes were only reflected in the differences in the parenting variables.

Jane's Parenting Scale scores at Time 1 indicated that she was overly verbose and over-reactive when dealing with her child's unwanted behaviour. At Time 2, she was less verbose but still too over-reactive. At Time 3 all Jane's Parenting Scale scores were below the clinical cut-off. However, the Reliable Change Index (RCI) scores (Jacobson et al., 2000) suggested that the change in over-reactivity score was due to the coaching intervention.

The TOPSE (Tool to Measure Parenting Self-efficacy) scores for parenting skills, parenting self-efficacy, empathy and the parent-child relationship indicated changes. This showed that Jane felt she was coping with the pressures of parenting much better and that she was continuing to use more empathy and understanding with Ann. The total TOPSE score increases from Time 1 to Time 2 to Time 3 indicate the overall effectiveness of the PRAISE intervention. The RCI for Time 1 to Time 2 and for Time 1 to Time 3 strongly suggested that the positive changes were due to the coaching intervention.

Jane's well-being scores on the AWS (Adult Well-Being Scale) were below the clinical cut-offs at Time 1 in all subscales (depression, anxiety, outwardly directed irritability and inwardly directed irritability) and remained below the clinical cut-offs at Time 2 and Time 3. At Time 3 there had been reductions in the anxiety and two irritability subscales, indicating that Jane was less irritable with others, less irritable with herself and less anxious.

The differences in the variables were reinforced by Jane's feedback, both within the coaching sessions and from her written feedback at Time 2 and Time 3. Themes emerged such as the increased use of empathy by the parent and trying to understand why the unwanted behaviour was happening. Jane appeared to reflect more on how she was dealing with her child and, over the course of the sessions, was able to see when what she was doing

was working. She was willing to make changes, and the resulting improved relationship with her child encouraged her to maintain the changes consistently and build on them. At Time 2 Jane said she had an improved relationship with Ann and at Time 3 Jane rated her relationship with Ann as ten out of ten. An interesting aspect of the case study was that Jane reported that other family members started to change how they reacted to Ann because they saw that what she was doing was having a positive effect on Ann's behaviour. This aspect of being influenced by what is observed was identified by Luster and Okagaki (2005) as a mechanism for changing parenting behaviour.

After an initial face-to-face meeting, the coaching intervention was delivered over the telephone. The positive results from the case study reported in Chapter 4 indicated that this mode of delivery was effective for this parent.

10.3.3 Coaching vs non-intervention ten-week and follow-up results

A coaching-non-intervention study was carried out with measures before and after a ten-week intervention period which evaluated the use of PRAISE with parents. This study included a non-intervention group to provide a set of scores to compare with the intervention group scores. This is a novel aspect of this thesis as most parenting research does not contain a control group element (Dretzke, et al., 2009; Lindsay, Strand & Davis, 2011; Lundahl, Risser, & Lovejoy, 2006). The research also aimed to determine whether the PRAISE coaching intervention had any sustained effects by examining change over time. Data were collected from the coaching group after six months to evaluate whether any effects persevere over time as well as from the non-intervention group. The follow-up element is an important part of this thesis and this along with control groups have been identified as elements missing from most research on coaching effectiveness (Grant, 2005; Passmore & Fillery-Travis, 2011). A review of coaching research found that much research in this area uses a case study

methodology and does not make comparisons with different interventions or involve control groups (Passmore & Fillery-Travis, 2011).

The findings from this study were that, following the coaching intervention using the new PRAISE model, the data analysis found statistical changes for the parent skills, parental well-being and child variables. By comparison, the non-intervention group reported no meaningful or positive changes in their parenting skills, well-being or their children's behaviour.

Although some parenting intervention studies have included a waiting-list group, most did not collect follow-up data from this group as the waiting-list group was offered an intervention at the post-intervention stage (Wilson et al, 2012). Therefore the novel inclusion of follow-up data collected from the non-intervention group in the current research and the finding that there was no significant change in the non-intervention group scores over the three time points make a valuable contribution to the current knowledge on the sustained effects of parenting interventions. Parenting programmes generally show improvements in parenting behaviour and child behaviour post-intervention, and PRAISE has been shown to also do that. In addition, PRAISE is individually tailored for the parents' needs, emphasises empathy and the positive development of the parent-child relationship and this thesis has found significant improvements due to the intervention that are maintained over time. The results therefore show that the PRAISE model is at least as effective as other more formal programmes but may be delivered in a less formal and more individually focused way.

The longer-term effect of coaching has not been greatly researched, and much research on coaching is in the form of case studies (Grant & Cavanagh, 2004; Passmore, & Fillery-Travis, 2011). From those that have been published, evidence has been found to indicate that solution-focused coaching can produce sustained changes through the coach listening, (Green et al., 2006; Miller et al., 2004). The results of this thesis support the

argument that a solution-focused coaching intervention can be a vehicle for producing sustained change for parents because the parents are encouraged to develop strategies that enable them to be self-reliant (O'Connell, Palmer, & Williams, 2012). As their self-efficacy grows they will become more self-reliant and devise solutions and strategies that suit them, their lifestyle and their values which they are willing and able to maintain (O'Connell, Palmer and Williams, 2012).

The variables in which significant differences were found at the different Times are summarised in Table 10.2.

Table 10.2

Paired T-test Significant Differences for Coaching Group Variables

Variable and Measure	Time 1 – Time 2	Time 1 – Time 3
Child behaviour Strengths & Difficulties Questionnaire (SDQ) (Goodman, 1997)		Total Difficulties
Parenting behaviour Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993)	Laxness Over-reactivity Total Parenting Scale	Laxness Over-reactivity Verbosity Total Parenting Scale
Parenting skills, self-efficacy, empathy, parent-child relationship, and overall intervention effectiveness Tool to Measure Parenting Self-efficacy (TOPSE) (Kendall & Bloomfield, 2005)	Emotion & affection Empathy and understanding Control Discipline and boundary setting Self-acceptance Learning and knowledge Total TOPSE scale	Control Self-acceptance Total TOPSE scale
Parental well-being Adult Well-Being Scale (AWS) (Snaith, Constantopolous, Jardine, & McGuffin, 1978)	Anxiety Outwardly directed irritability Inwardly directed irritability	Depression Anxiety Outwardly directed irritability Inwardly directed irritability

10.3.3.1 Parenting behaviour

For parents in the intervention group the total Parenting Scale score found a significant reduction in ineffective parenting behaviours reported from Time 1 to Time 2. The significant difference in scores of the intervention group in two of the Parenting Scale

subscales between Time 1 and Time 2 showed that they were significantly less lax and less over-reactive when dealing with their children's unwanted behaviour. At Time 3 there was a significant difference between the coaching group verbosity score when compared with Time 1, and the significant difference for laxness, over-reactivity and the total Parenting Scale had been maintained. This suggests that the parents in the coaching group maintained their new parenting behaviours over time. The reductions in scores at Time 2 on the parenting behaviour scale used were only seen in the coaching group following the PRAISE intervention, and not in the non-intervention group, and were maintained over time. This thesis contributes to previous parenting research because the findings are consistent with those of Lindsay, Strand, and Davis (2011) that parents were less likely to give way inappropriately to their child's misbehaviour and less likely to over-react to that misbehaviour following their attendance at a parenting programme. There are few intervention studies in the parenting field which include follow-up data on parent outcomes (Moran, Ghate, & van der Merwe, 2004). Several studies have included long-term data on child behaviour or parental perceptions but there have been no studies which reported on the long-term impact a parenting intervention had on parenting behaviour (Lundahl, Risser, & Lovejoy, 2006). Pinquart (2017) suggested that parenting interventions that reduced harsh control in the parents would be effective in reducing problem behaviour in children and the reductions found in the SDQ total difficulties score at Time 3 supports this suggestion.

10.3.3.2 Parenting skills, self-efficacy, empathy, the parent-child relationship and overall intervention effectiveness

This study's findings of significant differences in most of the subscales of the parenting skills and self-efficacy measure (TOPSE) between Time 1 and Time 2 are consistent with previous research findings on parenting interventions (Bloomfield & Kendall, 2012; Enebrink et al., 2015; Gardner & Woolgar, 2018). The significant improvements in the coaching group

scores in this research study indicated an improvement in the group's parenting skills (control and discipline and boundary setting), self-efficacy (self-acceptance and learning and knowledge) and parent-child relationship (emotion and affection, play and enjoyment, empathy and understanding). Although the sample size was small, the positive interactions for parents' TOPSE scores following the intervention had large effect sizes and some were also maintained at six-month follow-up (Time 3). The non-intervention group's follow-up TOPSE scores were lower (worse) in all but one of the subscales and the total TOPSE score (although not significantly lower) than they had been at Time 1 and there was a significant reduction (worsening) in the non-intervention group self-acceptance score between Time 1 and Time 3. This shows that without support parenting skills are unlikely to improve.

An important finding that distinguishes the PRAISE model from other parenting interventions was that an increase in empathy was reported as a key change in the coaching group participants' parenting habits. A significant difference was found in the TOPSE empathy subscale scores for the coaching group between Time 1 and Time 2 which was a significant interaction with a large effect size. A significant interaction was also found at Time 3 . These findings demonstrate the effectiveness of the PRAISE coaching model in increasing the empathy of the parents involved in the intervention. Participant feedback in their evaluation forms confirmed these findings with one participant at Time 2 stating that the intervention helped her see things from her child's point of view which was helping issues to be resolved more calmly (Appendix K). At Time 3, empathy was mentioned by one participant as the biggest tool she took away from the coaching intervention (Appendix N). The findings suggest that the PRAISE model may have encouraged increased empathy in the coaching group participants which in turn may have contributed to decreases in parent-perceived problematic child behaviour. The findings also support the idea that increased parental empathy could be associated with less anxiety and irritability and more positive

ways of dealing with their child's behaviour. Reflection and changing how they thought about their child's behaviour also emerged as common positive themes in the coaching group participant feedback (see Appendices L and P).

10.3.3.3 Parental well-being

An additional research question was whether parental well-being was improved by the intervention as measured by the Adult Well-being Scale. Well-being is a complex mix of good mental health, high life satisfaction and a sense of purpose, and includes the ability to manage stress (Diener, Napa Scollon, & Lucas, 2009). It has been acknowledged that there are life events that are stressful for individuals, and one of those events is parenthood (Panchal, Palmer, O'Riordan, & Kelly, 2017). The authors suggested that enabling people to improve their coping mechanisms can decrease their feelings of stress. The AWS subscale scores indicated that the coaching group in the current study reported themselves as significantly less anxious and irritable at Time 2 when compared with Time 1. The comparison of Time 1 with Time 3 found that the coaching group were significantly less depressed, anxious and irritable when compared with Time 1. These reductions suggest improvements in the parents' levels of well-being. When these improvements are considered together with the improved Parenting Scale scores, the TOPSE pressures subscale scores, the verbal feedback during coaching sessions and the written feedback at Times 2 and 3 from participants the findings suggest that parents felt less stressed, and therefore had improved feelings of well-being which could be associated with the improvements found in their self-efficacy and parenting behaviour scores. These findings are consistent with those previously found in a cognitive behavioural family intervention with depressed mothers and their children (Sanders & McFarland, 2000).

10.3.3.4 Child behaviour

There were no significant differences found after analysing the coaching group's scores on the child behaviour measure (SDQ) between Time 1 and Time 2 after a Bonferroni correction had been applied. However, the difference between the coaching group conduct problems scores approached significance. When the SDQ Time 3 scores were compared with the Time 1 scores, there was a significant reduction in the total difficulties score which indicates a significant improvement in the parent's perceptions of their child's problem behaviour six months after the PRAISE intervention. There was a reduction in the emotional problems subscale which approached significance and a reduction in the conduct problems subscale. The emotional problems improvement could be explained as an effect caused by parents using a more empathetic approach when dealing with their children's behaviour. There were no significant differences at any time point in the non-intervention group scores.

10.3.3.5 Reciprocal model

An explanation for the pattern of results found in this study could be that the bi-directional relationships between parent and child was positively affected by participation in the PRAISE coaching intervention. In this study parenting behaviour changed for the better, shown in the significant difference in the Parenting Scale results between Time 1 and Time 3. Child behaviour also changed as can be seen in the significant differences found in the coaching group between Time 1 and Time 3 in the SDQ total difficulties score. The research study contributes to the literature and supports the research of Besemer, Loeber, Hinshaw and Pardini. (2016) and Smith (2010) by providing evidence on the bi-directional relationship between parent behaviour and child behaviour and the importance of the parent-child relationship to child behaviour. The feedback from the coaching group participants at Time 3 demonstrates the lasting nature of the positive changes they were making to improve their

relationship with their child, especially by trying to have more positive interactions with their child (Appendix N).

The results strongly suggest that the changes in parenting behaviour by the coaching group at all three time points may have driven changes to child behaviour at Time 3 (see Figure 10.1).

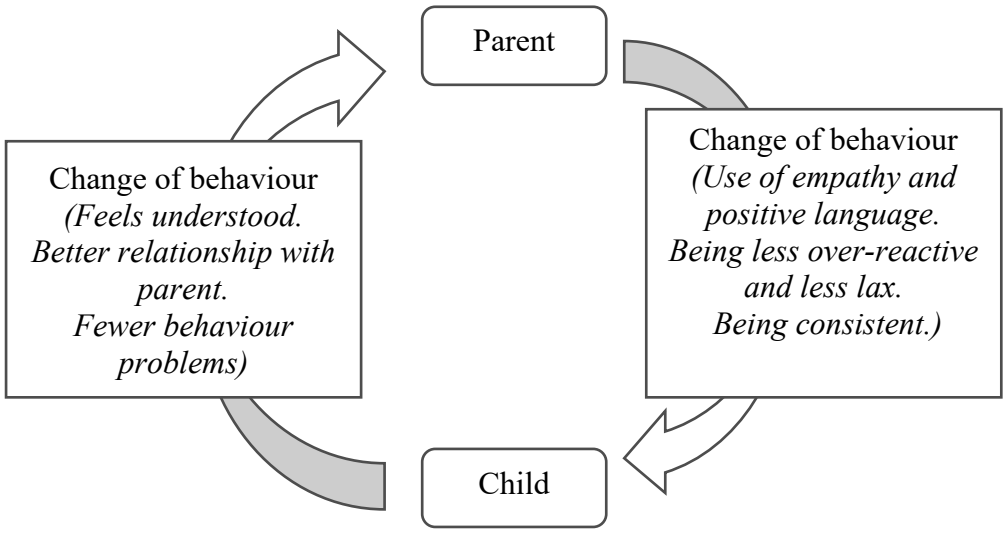


Figure 10.1: Reciprocal effect of parental and child behaviour

This effect has been called a sleeper effect by van Aar, Leijten, Orobio de Castro, and Overbeek (2017). They suggested that it may take children some time to get used to their parent's different parenting strategies and parents may need to become comfortable and confident with their new strategies, meaning that child positive behaviour would not necessarily be seen straightaway after an intervention. The further suggestion was made that parents and children may reinforce each other's behaviour which would lead to stronger sleeper effects over time. In addition, according to the feedback given by the coaching participants at Time 3 (Appendix P) they reported that they continued to use the parenting skills they gained during their coaching intervention. This suggests that the sustained perceived child behaviour changes reported at Time 3 were related to the parents' reports of their use of their new parenting skills, consistent with the findings of van Aar et. al. (2017).

Most coaching approaches concentrate on the person being coached, to improve their performance; their life; their professional development; their leadership skills; their career; and their health, amongst others. What these approaches have in common is that they concentrate on the person being coached and not on their relationship with someone else, (like a parent with their child, for example). When coaching parents there are two bi-directional relationships that are involved in the coaching process. The first is one between the coach and the parent being coached and the second is that between the parent and their child.

For coaching to be successful there needs to be a good and collaborative relationship between the coach and the person being coached and this relationship is acknowledged as extremely important to successful interventions (O'Broin & Palmer, 2006; O'Connell & Palmer, 2008; O'Connell, Palmer & Williams, 2012; Rogers, 2012). The findings of this research support the argument that a good collaborative relationship is important to a successful intervention. Feedback given by the coaching participants at Time 2 show that the relationship the participants had with the coach was key to their successful outcomes, mentioning the non-judgmental, dynamic approach of the coach as well as appreciating the opportunity to be listened to (Appendix L). At Time 3, having had time to reflect on the intervention the feedback from parents acknowledged the important qualities of their coaching experience by specifically mentioning the personal nature of the intervention, being heard and listened to, and being given the space to think and work out solutions themselves (Appendix P).

10.3.3.6 Mode of delivery

This study offered the delivery of the coaching intervention either face-to-face or over the telephone. The sample sizes in this research study were small which made meaningful comparison of the mode of delivery at Time 3 difficult (face-to-face n=4, telephone n=13).

However, when the measures from both coaching conditions were analysed, the results were similar for both modes of delivery. These results are consistent with previous findings that face-to-face coaching and distance coaching are equally effective both for the person being coached (Opdenacker & Boen, 2008) and for the coaching alliance (Berry, Ashby, Gnilka, & Matheny, 2011).

10.4 Implications and Applications

10.4.1 Theoretical implications

The findings in this study have theoretical implications in both the coaching and parenting intervention fields. They suggest that the integration of cognitive behavioural elements into the PRAISE model helped it to be an effective parenting intervention. During the course of the research study, it became clear that the use of techniques within the model related to self-efficacy theory (Bandura, 1977) and self-determination theory (Deci & Ryan, 2008) were useful elements for facilitating change in the coaching participants.

Self-efficacy theory (Bandura, 1977) argues that self-efficacy is crucial for behaviour change and that a person's previous successes are the most powerful foundation for self-efficacy. The PRAISE model aimed to enhance parents' sense of self-efficacy by involving parents in all the decision-making and, as suggested by Jourden (1991), also giving parents positive feedback such as acknowledging positive results achieved between coaching sessions. The finding in this research study that coaching improved self-efficacy supports previous research by Bachkirova, (2004) and Baron and Morin (2009) and adds to knowledge on coaching enhancing self-efficacy. Pekkan (2018) argued that there was limited research on the effect of coaching on self-efficacy, this research addresses that in relation to parenting and demonstrates that improvements in self-efficacy are associated with improvements in parenting practices in those parents who received the PRAISE parenting intervention. By focussing on successes, the parent may improve their self-efficacy and start applying what

has worked for them to other issues that they have with their child. The findings of improved self-efficacy in the participants in this study may be explained in terms of Bandura's (1977) arguments that without the belief that a person is able to change their behaviours, or self-efficacy, the change will not happen. As their self-efficacy grew, it appeared that the parents became more self-reliant and devised solutions and strategies that suited them, their lifestyle and their values which they were willing and able to maintain as previously noted by O'Connell, Palmer and Williams (2012).

This research contributes to knowledge on whether applying constructs from self-determination theory (Deci & Ryan, 2008) to a parenting intervention is useful. The PRAISE model incorporated fundamental aspects of the self-determination theory by encouraging the participants to increase their sense of competency, autonomy and relatedness (self-efficacy, authoritative parenting and improved parent-child relationship). PRAISE, and coaching in general, is a person-centred approach so the coaching group parents were given the choice of how they wanted to participate in the study and were fully involved in choosing their solutions within the PRAISE model. This may have enhanced their feelings of autonomy. Feedback on successes during the coaching intervention may have built the parents feelings of confidence and competency and their good relationship with the coach as well as improved parent-child relationship during the course of the study may have boosted their feelings of relatedness. This may also explain the positive follow-up results, as the participants were motivated to maintain the changes they had made to their parenting behaviours as suggested by Joussemet, Landry, and Koestner (2008) and Ryan & Deci (2008).

It has been stated that cognitive behavioural coaching aims to help the person being coached achieve their realistic goals, help with the acquisition of new skills and helpful coping strategies, to help the development of thinking skills and help the person being coached to become their own self coach (Palmer & Szymanska, 2008). The PRAISE model

incorporates these aims and additionally integrates a solutions-focussed approach and elements from other theories such as self-determination theory, brief therapy and neuro-linguistic programming, making PRAISE a very flexible intervention. The value of incorporating cognitive-behavioural techniques into coaching interventions was suggested in previous research (Grant, 2001) and Palmer (2007) suggested that the solution-focused approach can be used in the same key areas as a problem-solving approach. The solution-focussed coaching approach was detailed in Section 2.3.2. The positive results of this thesis support the use of a solution-focused cognitive-behavioural approach as a parenting intervention and extends knowledge of the areas where solution-focused coaching can be used effectively, adding to the evidence base for the effectiveness of a solution-focused cognitive-behavioural approach in applied settings (Grant, 2003, Green, Oades, & Grant, 2006).

This thesis has shown that following the PRAISE intervention, participants reported feeling less anxious and irritable as well as having improved parenting skills. Cognitive-behavioural techniques such as encouraging parents to reframe how they perceive issues may have helped alleviate the participant's anxiety and therefore the results of this research lend further support to the argument that cognitive-behavioural techniques are effective in coaching interventions.

Empathy is not a specific element in the parenting programmes currently in use although the Solihull Approach (Solihull Approach Team, 2006) aims to improve parental understanding of their child's development stage and consequently change their expectations of their child's behaviour. This study found that levels of empathy increased in parents after participation in the PRAISE coaching intervention. The findings also suggest that increased parental empathy could be associated with less anxiety and irritability and more positive ways of dealing with their child's behaviour. The findings that empathy contributed to a

better parent-child relationship adds to knowledge on the way changes made through coaching can affect areas other than those targeted by the coaching.

10.4.2 Applications of the PRAISE model

It has been suggested by Palmer, Tubbs, and Whybrow (2003) that in the UK there is still a stigma attached to seeking therapy or counselling as the word appears to have a negative connotation. Coaching may not have the same element of stigma as counselling, therefore providing parenting coaching to parents may carry less stigma than other parenting interventions and may increase the uptake of parenting support.

To date, it has been identified that there has been little research on the effectiveness of telephone coaching or research that compares face-to-face coaching and telephone coaching (Grant, 2001). However, the use of telephone coaching has been tested in research in the field of health, and was found to be a successful method of providing support to hard-to-reach patients and also to reinforce healthy behaviour changes (Aoun, Osseiran-Moisson, Shahid, Howat, & O'Connor, 2012; Vale et al., 2003). The literature has examined the mode of coaching delivery from the point of view of the coach and no difference was found in the coaching relationship for face-to-face or distance coaching (Berry, Ashby, Gnilka, & Matheny, 2011). This research compared the results of participants who were coached face-to-face with those coached over the telephone and found no significant difference in outcomes which contributes to the literature on distance coaching. This is an important finding as it means that a parent does not need to find an intervention in their geographical area and can access coaching at a time that suits their lifestyle.

There are no parenting programmes currently being wholly delivered over the telephone, although the use of technology in parenting programmes has been investigated (Corralejo & Rodriguez, 2018) and there are some web-based programmes that are mostly self-guided learning (Nieuwboer, Fukkink, & Hermanns, 2013). A pilot study has been

conducted in a workplace environment by Hultgren, Palmer, and O'Riordan (2016) to explore whether a virtual self-coaching programme using the PRACTICE model (Palmer, 2007) was user-friendly. The researchers found that the software and method of delivery were user-friendly and therefore feasible to use in a future study. The ability to be effectively delivered over the telephone makes PRAISE unique as a parenting intervention. This mode of delivery is cost-effective as free internet-based telephone call providers can be utilised and there are no costs associated with room hire or manual purchase. It is also time-effective, as neither the coach nor the coachee need to allow travel time to meet for coaching sessions, and the sessions are mutually agreed by both parties to be convenient. Although the one-to-one nature of the intervention could be considered to be more time consuming and less time effective than a group programme, this solution-focused coaching model can take fewer sessions than most parenting programmes and has been shown to be effective for some parents in only two sessions although the majority of the coaching participants had between eight and ten sessions. The effectiveness of the PRAISE coaching model found in this research suggests it would be a useful, cost-effective addition to the field of universal parenting interventions especially if individuals who work in this area can be trained to use this model of intervention.

10.5 Strengths and Limitations

10.5.1 Strengths

One of the strengths of this thesis is in the design of the research. Several research methods were used which were a case study and a coaching vs non-intervention design which was followed over time. Unlike most research in the field, this research included a non-intervention group. It was important to include a non-intervention control group in the thesis to provide a comparison with the coaching group. The participants of both the coaching and non-intervention groups were matched in terms of their level of education, marital status and

socio-economic status. The two participant groups had similar characteristics, in that they were all parents of children of primary school age and their demographic characteristics showed no significant difference when compared at Time 1. This made comparison of their scores at Time 2 and Time 3 meaningful.

It was also important in this thesis to include a follow-up measure to determine whether there were sustained improvements in parenting behaviours and child behaviours. The results showed that the coaching approach enabled parents to maintain the changes they made during the intervention. The design of the study, which took place over a relatively long period of time, meant that the sustainability of the coaching intervention could be determined, and the collection of follow-up data from the non-intervention group as well as from the coaching group added rigor to this thesis and allowed for a direct comparison between the outcomes for parents who were coached using PRAISE and those parents who had no intervention. The finding that whilst the coaching group outcomes improved, the matched non-intervention group's outcomes did not differ over the nine-month span of the research demonstrates a clear positive effect of PRAISE. It also suggests that parents who do not receive an intervention may not find resolutions to their difficulties on their own and could actually experience increased difficulties.

One of the greatest strengths of this research is its level of ecological validity. The coaching was delivered exactly as it would be in a 'real life' setting. This was also a pragmatic study which took into account the participating parents' commitments. By arranging the coaching sessions to take place at a time to suit the parent the intervention was made as inclusive as possible.

A coaching approach is a very adaptable approach, and this adaptability was a strength for PRAISE. The person-centred coaching approach meant that the parent participating in the coaching intervention was involved at every stage of the process; stating

their issue; devising solutions and being involved in decisions such as what they would do to implement their solutions. This led to the parents being active participants in the coaching sessions evidenced in the mean number of sessions attended (see Section 6.4.9) and in the effectiveness of the intervention shown in the findings in Chapters 6 and 7.

A further strength of this thesis is that there are clear and accessible guidelines for using the PRAISE model, including suggestions of suitable questions for the coach to ask parents. This should enable others to consistently deliver PRAISE in the future. The researcher was the sole person delivering the intervention and consistency of the intervention delivery with each parent was a strength.

10.5.2 Limitations

The lack of randomisation in the allocation of the participants to the study groups could be construed as a limitation. A non-randomised design was chosen for several reasons. Firstly, the therapeutic alliance/coaching alliance has been found to be important for successful outcomes following an intervention (Howarth & Symonds, 1991; O'Connell, Palmer & Williams, 2012). Secondly, it has been argued that participants need to actively participate in an intervention to aid the therapeutic alliance, which is aided by choosing to take part in an intervention (Heijmans, Lieshout, & Wensing, 2015). Thirdly, it has also been argued that the effectiveness of an intervention may be reduced by random allocation of participants (Clark et al., 2008; McPherson & Britton, 2001; West, et al., 2008). A further reason for allowing participants to self-allocate into the intervention groups was the result of the ethical dilemma of withholding the intervention from parents who needed support (see Section 5.2.3). Also, the positive comments from the coaching participants at Time 3 are consistent with previous arguments that therapeutic interventions work best when participants are given a choice in how they receive it (Clark et al., 2008; McPherson & Britton, 2001).

The researcher was also the coach in this study which could be construed as a limitation as this contributed to the relatively small sample size of this research. It has also been suggested that a satisfied client is more likely to respond to requests for information, by completing questionnaires for example, and more likely to give positive feedback (Mazor, Clauser, Field, Yood, & Gurwitz, 2002). However, the pattern found in the results of this thesis suggests that the coaching participants were honest in their completion of the questionnaires, and the case study participant stated that she had felt comfortable enough in the coaching process to be 100% honest during the coaching sessions in her feedback.

The choice of measures used in this research was informed by previous research designed to evaluate parenting interventions. The measures were also chosen for their ease of self-completion by the participants. However, a limitation of this research may have been that there was a lack of sensitivity in the measurement of variables that were important in the PRAISE model, especially the measure of empathy which could have been measured separately using, for example, the Parenting Affective and Cognitive Empathy Scale (Stern, Borelli, & Smiley, 2015). There was also a concern in terms of ceiling effects, in the TOPSE scale in particular, where some scores were high at baseline and therefore had no room for significant differences at later timepoints. To allow for more meaningful examination of the study variables, it may be relevant for future research to use additional measures designed specifically for parents such as the Parenting Daily Hassles Scale developed by Crnic and Greenberg (1990).

There was not much diversity or mix of ethnicity within the participant sample as the parents were all (bar one coaching participant who was British Chinese) white mothers. It was therefore only possible to state that the findings of this thesis show PRAISE to be effective with white British mothers. The results can therefore not be generalised to other populations. This has been previously identified by Smith (2010) as a limitation of parenting

research. She found that the majority of published literature concerned mothers and also mostly focused on a white Anglo-Saxon population. There were however, some participants in this current study who reported that they had shared their coaching experience with their partners and reported that they had changed their parenting behaviours too, but there is no data from the partners included in this study.

The nature of the intervention is intensive and time-consuming with up to ten hours' coaching for each participant which limited the number of parents the researcher could physically coach, resulting in a small sample size. However, a small sample size is not unusual for this type of intervention (Moran & Brady, 2010; Murphy & Withnell, 2013; Thompson et al., 2009). The fact that significant improvements (with large effect sizes) were found even with a small sample size indicates the strength of the improvements following the PRAISE intervention. A further limitation of the small sample size was that comparisons could not be made between the demographic characteristics of the coaching group participants who completed the measures at Time 2 and Time 3 and those in the coaching group who had dropped out at those timepoints. The small sample size also meant that it was not possible to make meaningful comparisons between the mode of delivery of the coaching intervention. However, feedback from the coaching participants at Time 3 did not mention that the mode of delivery had had an impact on their intervention.

The non-intervention group received nothing from the researcher other than the information about the study and three sets of measures and therefore proceeded with life as usual. It is not known whether these participants accessed support elsewhere, but they did not receive the coaching intervention using the PRAISE model. The benefit for the coaching group of a regular 'listening ear' in the coaching sessions cannot be discounted as a factor in any changes made to their parenting behaviour or in their improved feelings of well-being. Effective coaches use both active listening and reflective listening (O'Connell, Palmer &

Williams, 2012) and the feedback from the coaching group demonstrates their appreciation of having someone actively listening to them (see Appendix L).

10.6 Future Research

The findings of this study have highlighted areas for future research. The design of this study included a non-intervention group which had been opted into by the participants. The participants in this non-intervention group received no intervention or interaction with the researcher other than completing the measures at three timepoints. In order to make the participation of the parents in both groups more comparable, future research could include weekly conversations with the non-intervention group participants without the use of the coaching model. This would test whether it was the contents of the coaching model rather than just conversations which made the difference to the participants' perceptions of their parenting behaviours.

As outlined above in section 10.5.2, almost all the participants were White British mothers and the findings of this thesis cannot therefore be generalised to different populations who may have different parenting practices. It would be an interesting area for future research to test the PRAISE model with fathers, other caregivers and parents of diverse ethnicities to determine whether it is universally effective. The effectiveness of parenting interventions for different ethnic groups has been recently investigated (Leijten et al., 2018) and it would be of interest to determine whether PRAISE would need adapting for different participants. There are parenting programmes which target specific groups such as Strengthening Families, Strengthening Communities (Steele, Marigna, Tello, & Johnson, 2000) which is aimed at black families in particular but it has been stated that most parenting programmes are designed for a middle-class white audience (Smith, 2010). Future research could also investigate issues of cultural diversity in coaching and examine whether cultural

differences change participation in the PRAISE intervention or the outcome of the intervention.

The existing parenting programmes are suitable for fathers as well as mothers but recruiting fathers to programmes has been identified as difficult (Bayley, Wallace, & Choudhry, 2009; Panter-Brick, et al., 2014). What Tully et al (2018) found was that there were a number of barriers preventing fathers from participating in parenting interventions. They reported that fathers cited work commitments as a barrier to accessing parenting support as well as interventions not being at a suitable time for them and that they did not feel comfortable asking for or receiving help with their parenting and additionally they worried about being judged. The PRAISE model might address these barriers through the flexible nature of the intervention in terms of the time issue. In addition, the one-to-one relationship offered by coaching whether face to face or over the phone might appeal more to fathers than attendance at a parenting group as it is an individual intervention that builds on existing skills and is conducted in a non-judgmental way. The stigma associated with fathers attending parenting interventions has been investigated (Koerting et al., 2013; Lanier, Frey, Smith, & Lambert, 2017) and future research could examine whether fathers respond positively to a coaching model.

An important focus for future research on the PRAISE model would be an investigation of the importance of empathy and self-efficacy. The implication is that techniques to develop or facilitate empathy would be an important addition to interventions which support parents and aim to improve children's behaviour. The findings also support the idea that increased parental empathy could be associated with less anxiety and irritability and more positive ways of dealing with their child's behaviour. Future research may focus more on empathy as a crucial element in the PRAISE coaching intervention. Previous findings have suggested that parental feelings of self-efficacy influenced parent-child interactions and the amount of

positive reinforcement parents received from their children, and that this influenced parents' thoughts and feelings about their child and their child's behaviour (Coleman & Karraker, 1997). It has also been suggested that there is a relationship between higher levels of maternal self-efficacy, effective discipline practices and improved perceptions of child behaviour (Coleman & Karraker, 2000; Sanders & Woolley, 2005). Relationships between the variables were not explored within this thesis and might be an area of interest in future research.

This study examined how PRAISE supported parents to change their parenting behaviours and whether these changes were sustained. The results at six months were very positive, however, parenting and child behaviour is not linear and personalities and other outside factors play a role in families and parent behaviours. A future longitudinal study over a greater length of time is warranted to discover whether the changes made by parents are adaptable and sustainable through their children's naturally occurring developmental changes such as the teenage years, or other family changes over a longer term. A further recommendation is that PRAISE could be usefully tested using different practitioners and parents with different age children. Different practitioners could use the model with parents for clarification, replication and validation purposes.

Future research could compare an intervention using PRAISE with an evidence-based parenting programme. This may be an important step towards adding coaching into the field of parenting interventions. The implications however could be that coaching became a viable and cost-effective replacement for some parenting programmes.

Finally, the results demonstrate that the PRAISE model has clear non-clinical applications in the field of parenting, but future research could investigate whether the model has potential for clinical applications where parents are struggling with more significant behavioural issues or clinical levels of depression for example. PRAISE could also be

usefully tested with parents who have children with diagnoses other than behavioural issues such as intellectual disability (Hassall, Rose, & McDonald, 2005) or a developmental disability (Hastings, 2002) as these parents can experience high levels of stress which could adversely affect their parenting behaviours. It has also been suggested that coaching techniques could be incorporated into the field of family social work to use with improving parenting in that work (Burroughs, Allen & Huff, 2017) and this is perhaps a further area for future research.

10.7 Conclusion

In conclusion, this research introduced PRAISE, an integrative coaching model for parents based on previous frameworks that have been used successfully within the field of coaching and coaching psychology. PRAISE was found to be an effective intervention for the parents of primary school age children who took part in this study. The feedback from the case study, in particular, demonstrated that the PRAISE intervention encouraged participants to reflect more on their parenting behaviour and to devise their own solutions to problems that had not been spoken about in the coaching sessions. This strongly suggests that she had gained transferable skills.

Parenting programmes generally show improvements in parenting behaviour and child behaviour (Lindsay, Strand, & Davis, 2011), and PRAISE has been shown to also do that. In addition, PRAISE is individually tailored for the parents' needs, emphasises empathy and the positive development of the parent-child relationship and this thesis has found significant improvements due to the intervention that are maintained over time. The results therefore show that the PRAISE model is at least as effective as other more formal programmes but may be delivered in a less formal and more individually focused way.

Empathy emerged as an important element of this model and it is hoped that this novel aspect will make PRAISE an important addition to the fields of both coaching and

parenting interventions. Parental empathy and its effect on child behaviour have been under-researched and the findings of this study show that parental empathy and understanding increased and problem child behaviour decreased following the PRAISE intervention. This is perhaps a demonstration of the link between them. This was demonstrated in the case study where the participating parent reported that she was using more empathy when dealing with behaviour issues and that it was very effective.

It is anticipated that the findings of this study and the suggested future work will contribute to a clearer understanding of the role of coaching and, particularly, empathy on parenting and child behaviour. If the PRAISE coaching model was adopted as a universal parenting intervention, this might enable more parents to access support at an earlier stage and prevent their child's perceived behaviour issues escalating to a clinical level and might produce positive changes that endure over time.

Coaching has been found to be effective in helping participants to achieve their goals and to enhance their well-being (Grant, 2003). Grant suggested that coaching would be a useful platform for applied positive psychology and for achieving purposeful change in non-clinical populations. The results of this thesis support the argument that a solution-focused coaching intervention can be a vehicle for producing sustained change for parents because the parents are encouraged to develop strategies that enable them to be self-reliant (O'Connell, Palmer, & Williams, 2012). The positive results reported in this thesis demonstrate that PRAISE is a model for purposeful change in parenting behaviours. The results also support the contention that coaching is an effective tool that can be adapted to support individuals in potentially diverse situations and demonstrates the potential for coaching to be used effectively in the field of parenting support.

References

van Aar, J., Leijten, P., Orobio de Castro, B., & Overbeek, G. (2017). Sustained, fade-out or sleeper effects? A systematic review and meta-analysis of parenting interventions for disruptive child behavior. *Clinical Psychology Review, 51,* 153–163.

Adair, J.G. (1984). The Hawthorne Effect: a reconsideration of the methodological artefact. *Journal of Applied Psychology, 69*, 334–345.

Allen, D., Coombes, L., & Foxcroft, D. R. (2004). *Preventing alcohol and drug misuse in young people: adaptation of the Strengthening Families Programme (SFP) for use in the UK.* (Report No. 28). London, England: Alcohol Education and Research Council & Home Office.

Allen, K. (2013). A framework for family life coaching. *International Coaching Psychology Review, 8*(1), 72-79.

Allen, K. (2016). *Theory, research and practical guidelines for Family Life Coaching.* Dordrecht, Netherlands: Springer.

Anderson, L., Vostanis, P., & O'Reilly, M. (2005). Three-year follow-up of a family support service cohort of children with behavioural problems and their parents. *Child: Care, Health and Development. 31*(4), 469–477.

Andrews, G., Cuijpers, P., Craske, M.G., McEvoy, P. & Titov, N. (2010). Computer therapy for the anxiety and depressive disorders is effective, acceptable and practical health care: a meta-analysis, *PloS one, 5*(10), e13196.

Aoun, S., Osseiran-Moisson, R., Shahid, S., Howat, P., & O'Connor, M. (2012) Telephone lifestyle coaching: Is it feasible as a behavioural change intervention for men? *Journal of Health Psychology*, *17,* 227 originally published online 8 July 2011

Armentrout, J. A. (1971). Parental child-rearing attitudes and preadolescents' problem behaviors. *Journal of Consulting and Clinical Psychology*, *37(*2), 278–285.

Arnold, D. H., O'Leary, S.G., Wolff, L. S., & Acker, M. M. (1993). The parenting scale: a measure of dysfunctional parenting in discipline situations. *Psychological Assessment, 5(*2), 137–144.

Ary, D.V., Duncan, T.E., Duncan, S.C., & Hopsa, H. (1999). Adolescent problem behavior: The influence of parents and peers. *Behaviour Research and Therapy, 37(*3), 217–230.

Assemany, A.E., & McIntosh, D.E. (2002). Negative treatment outcomes of behavioural parent training programs. *Psychology in the Schools, 39*(2), 209-219.

Audit Commission. (1994). *Seen but not heard*. London UK: The Audit Commission.

Aunola, K., & Nurmi, J. (2005). The role of parenting styles in children's problem behavior. *Child Development, 76(*6), 1144–1159. doi:10.1111/j.1467-8624.2005.00841.x

Axelrod, D.A., & Hayward, R. (2006). Nonrandomized Interventional Study Designs (Quasi-Experimental Designs). In D.F. Penson & J.T. Wei (Eds.) *Clinical Research Methods for Surgeons* (pp.63–76). New Jersey, NJ: Humana Press Inc.

Bachkirova, T. (2004). Dealing with issues of the self-concept and self-improvement strategies in coaching and mentoring. *International Journal of Evidence Based Coaching and Mentoring, 2*(2), 29–40 .

Bachkirova, T., & Cox, E. (2008). A cognitive-developmental approach for coach development. In S. Palmer & A. Whybrow (Eds.), *Handbook of coaching psychology* (pp. 325–350) Hove, England: Routledge.

Baer, D. M., Wolf, M. M., & Risley, T. R. (1968). Some current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 1*(1), 91–97. doi: 10.1901/jaba.1968.1-91

Baer, D.M., Wolf, M.M., & Risley, T.R. (1987). Some still-current dimensions of applied behavior analysis. *Journal of Applied Behavior Analysis, 20(*4), 313–327.

Bakermans-Kranenburg, M. J., van IJzendoorn, M. H., & Juffer, F. (2003). Less is more: Meta-analyses of sensitivity and attachment interventions in early childhood. *Psychological Bulletin, 129*(2), 195–215. doi: 10.1037/0033-2909.129.2.195

Bandler, R., & Grinder, J. (1979). *Frogs into Princes*. Moab, UT: Real People Press.

Bandler, R., & Grinder, J. (1981) *Reframing.* Moab, UT: Real People Press.

Bandura, A. (1969). *Principles of behavior modification.* New York, NY: Holt, Rinehart and Winston.

Bandura, A. (1977). Self-efficacy: towards a unifying theory of behaviour change. *Psychological Review, 84(*2), 191–215.

Bandura, A. (1997). *Self-efficacy: The exercise of control* (4th ed.). New York: W.H. Freeman.

Bandura, A., & Locke, E.A. (2003). Negative self-efficacy and goals revisited. *Journal of Applied Psychology, 88*(1), 87–99.

Bar, S.G. (2014). How personal systems coaching increases self-efficacy and well-being for Israeli single mothers. *International Journal of Evidence Based Coaching and Mentoring, 12*(2), 59–74.

Barlow, J. (1997). *Systematic review of the effectiveness of parent-training programmes in improving behaviour problems in children aged 3-10 years: a review of the literature on parent-training programmes and child behaviour outcome measures.* Oxford, England: University of Oxford, Health Services Research Unit.

Barlow, J., & Coren, E. (2018). The effectiveness of parenting programs: a review of Campbell reviews. *Research on Social Work Practice, 28*(1), 99–102.

Baron, L., & Morin, L. (2009). The impact of executive coaching on self-efficacy related to management soft-skills. *Leadership & Organization Development Journal, 31*(1), 18–38.

Bates, J. (1980). The concept of difficult temperament. *Merrill-Palmer Quarterly, 26*, 299–319.

Bateson, G. (1972). *Steps to an Ecology of Mind*. New York, NY: Ballantine.

Baumrind, D. (1966). Effects of authoritative parental control on child behaviour. *Child Development, 37*(4)*,* 887-907.

Baumrind, D. (1971). Current patterns of parental authority. *Developmental Psychology, 4*(1, Part 2), 1-103.

Bayley, J., Wallace, L.M., Choudhry, K. (2009). Fathers and parenting programmes: barriers and best practice. *Community Practitioner, 82*(4), 28-31.

Beauchaine, T., Webster-Stratton, C., & Reid, J. (2005). Mediators, moderators, and predictors of 1-year outcomes among children treated for early-onset conduct problems: A latent growth curve analysis. *Journal on Consulting and Clinical Psychology, 73,* 371–388.

Beck, A.T. (1993). Cognitive therapy: past, present, and future. *Journal of Consulting and Clinical Psychology, 61*(2), 194-198.

Beck, A. T., Rush, A., Shaw, B., & Emery, G. (1979). *Cognitive therapy of depression.* New York. NY: Guilford Press.

Beck, J.S. (1995). *Cognitive therapy: Basics and beyond.* New York, NY: Guilford Press.

Becker, K.L., & Renger, R. (2016). Suggested guidelines for writing reflective case narratives: Structure and indicators. *American Journal of Evaluation*, 1-13.

Beckerman, M., van Berkel, S.R., Mesman, J., & Alink, L.R.A. (2017). The role of negative parental attributions in the associations between daily stressors, maltreatment history, and harsh and abusive discipline. *Child Abuse & Neglect, 64,* 109-116.

Behan, J., Fitzpatrick, C., Sharry, J., Carr, A., & Waldron, B. (2001). Evaluation of the Parents Plus Programme. *Irish Journal of Psychology, 22*(3-4), 238–256.

Bell, R. Q. (1968). A reinterpretation of the direction of effects in studies of socialization. *Psychological Review, 75*(2), 81–95. http://dx.doi.org/10.1037/h0025583

Bell, R.Q. (1971). Stimulus control of parent or caretaker behavior by offspring. *Developmental Psychology, 4*(1), Pt. 1, 63–72. http://dx.doi.org/10.1037/h0030374

Belsky, J. (1984). The determinants of parenting: A process model. *Child Development, 55,* 83–96.

Bennett P. D. (1989). Is praise always positive? *Connection (TMEC-MENC), 3*(2), 12–13.

Benzies, K.M., Harrison, M.J., & Magill-Evans, J. (2004). Parenting and childhood behaviour problems: Mothers' and fathers' voices. *Issues in Mental Health Nursing*, *25,* 9–24.

Benzies, K.M., Harrison, M.J., & Magill-Evans, J. (2004a). Parenting stress, marital quality, and child behaviour problems at age 7 years. *Public Health Nursing, 21(*2), 111–121.

Berg, I.K. (1994). *Family-based services: A solution-focused approach.* New York, NY: W.W. Norton.

Berg, I. K., & Szabo, P. (2005). *Brief Coaching for Lasting Solutions.* New York, NY: W. W. Norton & Company, Inc.

Berry, R. M., Ashby, J. S., Gnilka, P. B., & Matheny, K. B. (2011). A comparison of face-to-face and distance coaching practices: Coaches' perceptions of the role of the working alliance in problem resolution. *Consulting Psychology Journal: Practice and Research, 63*(4), 243–253.

Besemer, S., Loeber, R., Hinshaw, S.P., & Pardini, D.A. (2016). Bidirectional associations between externalizing behaviour problems and maladaptive parenting within parent-son dyads across childhood. *Journal of Abnormal Child Psychology, 44,* 1387–1398. doi. 10.1007/s10802-015-0124-6

Bigelow, B. (1938). Building an effective training program for field salesmen. *Personnel, 14,* 142–150.

Bloomfield, L., & Kendall, S. (2007). Testing a parenting programme evaluation tool as a pre- and post-course measure of parenting self-efficacy. *Journal of Advanced Nursing, 60*(5), 487–493. doi: 10.1111/j.1365-2648.2007.04420.x

Bloomfield, L., & Kendall, S. (2012). Parenting self-efficacy, parenting stress and child behaviour before and after a parenting programme. *Primary Health Care Research & Development, 13,* 364–372. doi: 10.1017/S1463423612000060

Bloomfield, L., Kendall, S., Applin, L., Dearnley, K., Edwards, L., Hinshelwood, L., Lloyd, P., & Newcombe, T. (2005). A qualitative study exploring the experiences and views of mothers, health visitors and family support centre workers on the challenges and difficulties of parenting. *Health and Social Care in the Community, 13*(1), 46–55.

Bond, C., Woods, K., Humphrey, N., Symes, W., & Green, L. (2013). Practitioner Review: The effectiveness of solution focused brief therapy with children and families: A systematic and critical evaluation of the literature from 1990-2010. *Journal of Child Psychology and Psychiatry, 54*(7), 707–723.

Bowlby, J. (1973). *Attachments and loss: Vol. 2: Separation.* New York, NY: Basic Books.

Brenner, V., & Fox, R.A. (1998). Parental discipline and behavior problems in young children. *The Journal of Genetic Psychology, 159*(2), 251-256.

Bresser, F., & Wilson, C. (2006). What is coaching? In J. Passmore (Ed.) *Excellence in coaching the industry guide* (pp. 9–26). London, England: Kogan Page Limited.

British Psychological Society. (2009, 2014, 2018). *Code of Ethics and Conduct.* Leicester, England: Author Available from: https://www.bps.org.uk/news-and-policy/bps-code-human-research-ethics-2nd-edition-2014

British Psychological Society (2014). *Code of Human Research Ethics.* Leicester, England: Author Available from:

https://www.bps.org.uk/sites/bps.org.uk/files/Policy/Policy%20-%20Files/BPS%20Code%20of%20Human%20Research%20Ethics.pdf

British Psychological Society (2017). *Ethics Guidelines for Internet-mediated Research*. INF206/04.2017. Leicester, England: Author. Available from: www.bps.org.uk/publications/policy-and-guidelines/research-guidelines-policy-documents/researchguidelines-poli

Bubolz M.M., & Sontag M.S. (2009). Human ecology theory. In P. Boss, W.J. Doherty, R. LaRossa, W.R. Schumm, & S.K. Steinmetz (Eds.), *Sourcebook of Family Theories and Methods* (pp. 419-450). Boston, MA: Springer.

Burr, W.R., Day, R.D., & Bahr, K.S. (Eds.) (1993). *Research and theory in family science*. Pacific Grove, CA: Brooks/Cole.

Burroughs, M.M., Allen, K., Huff, N. (2017). The use of coaching strategies within the field of social work. *Coaching. An International Journal of Theory, Research and Practice, 10*(1), 4-17.

Butler, J., Gregg, L., Calam, R., & Wittkowski, A. (2020). Parents' perceptions and experiences of parenting programmes: A systematic review and metasynthesis of the qualitative literature. *Clinical Child and Family Psychology Review, 23*(2), 176–204.

Cannella, G.S. (1986). Praise and concrete rewards: Concerns for childhood education. *Childhood Education, 62,* 297–301.

Care for the Family (2014). *Time Out for Parents*. Retrieved from www.careforthefamily.org.uk/courses/parenting-courses-time-out/parenting-course-time-out-for-parents-self-esteem-behaviour-boundaries.

Carlo, G., McGinley, M., Hayes, R., Batenhorst, C., & Wilkinson, J. (2007). Parenting styles or practices? Parenting, sympathy, and prosocial behaviors among adolescents. *The Journal of Genetic Psychology, 168*(2), 147–176.

Carlo, G., Mestre, M. V., Samper, P., Tur, A., & Armenta, B. E. (2010). The longitudinal relations among parenting styles, sympathy, prosocial moral reasoning, and prosocial behaviors. *International Journal of Behavioral Development, 35*(2), 116–124.

Carr, A., Hartnett, D., Brosnan, E., & Sharry, J. (2017). Parents plus systemic, solution-focused parent training programs: Description, review of the evidence base, and meta-analysis. *Family Process, 56*(3), 652–668.

Cavanagh, M. (2006) Coaching from a systemic perspective: A complex adaptive approach. In D. Stober & A.M. Grant (Eds), *Evidence-based coaching handbook.* Wiley, New York, N.Y.

Cavanagh, M.J. & Grant, A.M. (2010). The solution-focused approach to coaching. In E. Cox, T. Bachkirova, & D. Clutterbuck (Eds.), *The complete handbook of coaching.* London, England; Thousand Oaks, CA: New Delhi, India; Samsung Hub, Singapore: SAGE.

Chase-Lansdale, P. L., Wakschlag, L. S., & Brooks-Gunn, J. (1995). A psychological perspective on the development of caring in children and youth: The role of the family. *Journal of Adolescence, 18*, 515-556.

Checa, P., & Abundis-Gutierrez, A. (2017). Parenting and temperament influence on school success in 9–13 year olds. *Frontiers in Psychology, 8,* Article ID 543.

Cheng, H., & Furnham, A. (2014). The associations between parental socio-economic conditions, childhood intelligence, adult personality traits, social status and mental well-being. *Social Indicators Research, 117*(2), 653-664.

Cheung, S. (2009). Solution-focused brief therapy. In J. Bray & M. Stanton (Eds.), *Handbook of family psychology* (pp. 212–225). West Sussex, England: Wiley-Blackwell Publishers.

Clark, N.M., Janz, N.K., Dodge, J.A., Mosca, L., Lin, X., Long, Q., Little, R.J., Wheeler, J.R.C., Keteyian, S., & Liang, J. (2008). The effect of patient choice of intervention on health outcomes. *Contemporary Clinical Trials, 29*(5), 679–686. doi:10.1016/j.cct.2008.04.002

Coach (n). In *Online etymology dictionary.* Retrieved from https://www.etymonline.com/word/coach

Cohen, J. (1988). *Statistical power analysis for the behavioral sciences* (2nd edition). Hillsdale, NJ: Academic Press.

Coleman, P.K., & Karraker, K.H. (1997). Self-efficacy and parenting quality: Findings and future applications. *Developmental Review, 18,* 47–85.

Coleman, P. K., & Karraker, K. H. (2000). Parenting self-efficacy among mothers of school-age children: Conceptualization, measurement, and correlates. *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, *49*(1), 13–24. http://dx.doi.org/10.1111/j.1741-3729.2000.00013.x

Coleman, P. K., & Karraker, K. H. (2003). Maternal self-efficacy beliefs, competence in parenting, and toddlers' behavior and developmental status. *Infant Mental Health Journal, 24*, 126–148.

Corcoran, J., & Stephenson, M. (2000). The effectiveness of solution-focused therapy with child behaviour problems: A preliminary report. *Families in Society, 81,* 468–474.

Corcoran, J. (2006). A comparison group study of solution-focused therapy versus 'treatment as usual' for behaviour problems in children. *Journal of Social Work, 39*(2), 69–82.

Corralejo, S.M. & Domenech Rodríguez, M.M. (2018). Technology in Parenting Programs: A Systematic Review of Existing Interventions. *Journal of Child and Family Studies, 27*, 2717–2731.

Cox, A., & Bentovim, A. (2000). The Family Assessment Pack of Questionnaires and Scales, London, England: The Stationery Office.

Cox, E., Bachkirova, T., & Clutterbuck, D. (Eds.) (2010). *The complete handbook of coaching.* London, England: SAGE Publications Ltd.

Cox, E., Bachkirova T., & Clutterbuck D. (2014). Theoretical traditions and coaching genres: Mapping the territory. *Advances in Developing Human Resources 2014, 16*, 139 originally published online 30 January 2014.

Crnic, K.A., & Greenberg, M.T. (1990). *The Parenting Daily Hassles Scale.*

Crnic, K.A., & Greenberg, M.T. (1990a). Minor parenting stresses with young children. *Child Development, 61*(5), 1628-1637.

Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British Journal of Nursing, 17*, (1), 38-43.

Cunningham, C. E., Rimas, H., Chen, Y., Deal, K., McGrath, P., Lingley-Pottie, P., Reid, G. J., Lipman, E., & Corkum, P. (2015). Modeling parenting programs as an interim service for families waiting for children's mental health treatment. *Journal of Clinical Child and Adolescent Psychology, 44(*4), 616–629.

Dähne, V., Klein, A., Jungmann, T., Kliem, S., & Sierau, S. (2017). Improved parental self-efficacy reduces stress in women receiving home visitation in a longitudinal study. *Journal of Nursing and Health Sciences, 3*(3), 54-67.

Dallos, R., & Draper, R. (2005). *An introduction to family therapy. Systemic theory and practice. (2nd Ed.)* Berkshire, England: Open University Press.

Darling, N. & Steinberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin*, *113*, 487–496.

Davis, H. & Spurr, P. (1998). Parent counselling: An evaluation of a community child mental health service. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 39*(3), 365-376.

Day, C., Michelson, D., Thomson, S., Penney, C., & Draper, L. (2012). Evaluation of a peer led parenting intervention for disruptive behaviour problems in children: community based randomised controlled trial. *BMJ, 344,* 7849. doi: 10.1136/bmj.e1107.

Deci, E. L., & Ryan, R. M. (1985). *Intrinsic motivation and self-determination in human behavior.* New York, NY: Plenum Press.

Deci, E.L., & Ryan, R.M. (2008). Self-determination theory: A macrotheory of human motivation, development, and health. *Canadian Psychology, 49*(3), 182-185.

De Haan, E., Bertie C., Day, A., & Sills, C. (2010). Clients' critical moments of coaching: Towards a 'client model' of executive coaching. *Academy of Management Learning & Education, 9*(4), 1-15.

de Haan, E., Molyn, J., & Nilsson, V. O. (2020). New findings on the effectiveness of the coaching relationship: Time to think differently about active ingredients? *Consulting Psychology Journal: Practice and Research*, *72*(3), 155–167

Department for Education and Skills (2003). *Every child matters*. London, England: Department for Education and Skills

Department of Health (2014). *Wellbeing. Why it matters to health policy.* (Powerpoint slides). Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/277566/Narrative__January_2014_.pdf

De Shazer, S. (1985) *Keys to Solutions in Brief Therapy.* New York, NY: W. W. Norton.

De Shazer, S., Berg, I. K., Lipchik, E., Nunnally, E., Molnar, A., Gingerich, W., & Weiner-Davis, M. (1986). Brief therapy: Focused solution development. *Family Process*, 25 (2), 207–221.

Dias, G.P., Palmer, S., & Nardi, A.E. (2017). Integrating positive psychology and the solution-focused approach with cognitive-behavioural coaching: The integrative cognitive-behavioural coaching model. *European Journal of Applied Positive Psychology, 1*,(3), 1-8.

Diener, E., Napa Scollon, C., & Lucas, R.E. (2009). The evolving concept of subjective well-being: The multifaceted nature of happiness. *Assessing Well-being, 15,* 67-100.

Dodge, R., Daly, A., Huyton, J., & Sanders, L. (2012). The challenge of defining wellbeing. *International Journal of Wellbeing, 2*(3), 222-235.

Downey, M. (1999). *Effective Coaching.* London, England: Orion Business Books.

Dretzke, J., Davenport, C., Frew, E., Barlow, J., Stewart-Brown, S., Bayliss, S., Taylor, R.S., Sandercock, J., & Hyde, C. (2009). The clinical effectiveness of different parenting programmes for children with conduct problems: A systematic review of randomised controlled trials. *Child and Adolescent Psychiatry and Mental Health, 3*(1), 7.

Droppleman, L F., & Schaefer, E.S. (1963). Boys' and girls' reports of maternal and paternal behaviour. *Journal of Abnormal and Social Psychology, 67*(6), 648–654.

Duncombe, M. E., Havighurst, S. S., Holland, K. A., & Frankling, E. J. (2012). The contribution of parenting practices and parent emotion factors in children at risk for disruptive behavior disorders. *Child Psychiatry & Human Development, 43*(5), 715-733.

D'Zurilla, T.J., & Goldfried, M.R. (1971). Problem solving and behaviour modification. *Journal of Abnormal Psychology, 78* (1), 107–126. doi: 10.1037/h0031360

D'Zurilla, T.M., & Nezu, A.M. (2010). Problem-solving therapy. In K.S. Dobson (Editor), *Handbook of cognitive behavioral therapies* (pp. 197–225). New York, NY: The Guildford Press.

Ebner, K., Schulte, E-M., Soucek, R., & Kauffeld, S. (2018). Coaching as stress-management intervention: The mediating role of self-efficacy in a framework of self-management and coping. *International Journal of Stress Management, 25*(3), 209-233.

Eddy, J.M., Leve, L.D., & Fagot, B.I. (2001). Coercive family processes: A replication and extension of Patterson's coercion model. *Aggressive Behavior, 27,* 14–25. doi:10.1002/1098-2337(20010101/31)27:1<14:AID-AB2>3.0.CO;2-2

Elander, J., & Rutter, M. (1996). Use and development of the Rutter parents' and teachers' scales. *International Journal of Methods in Psychiatric Research, 6,* 63–78.

Ellis, A. (1991). The revised ABC's of rational-emotive therapy (RET). *Journal of Rational-Emotive Cognitive-Behavioural Therapy, 9*(3), 139–172.

Ellis, A., Gordon, J., Neenan, M., & Palmer, S. (1997). *Stress counselling: A rational emotive behaviour approach.* New York, NY: Springer.

Elstein, A. S., & Schwartz, A. (2002). Clinical problem solving and diagnostic decision making: Selective review of the cognitive literature. *BMJ (Clinical research ed.)*, *324*(7339), 729–32.

Enebrink, P., Danneman, M., Mattsson, V. B., Ulfsdotter, M., Jalling, C., & Lindberg, L. (2015). ABC for parents: Pilot study of a universal 4-session program shows increased parenting skills, self-efficacy and child well-being. *Journal of Child and Family Studies,* 24(7), 1917–1931.).

Erickson, M.H. (1980). *Collected Papers, Vols 1–4* (E. Rossi, ed.). New York: Irvington.

European Mentoring & Coaching Council (2016; 2019). *Global Code of Ethics,* Retrieved from: https://www.emccouncil.org/quality/ethics/

Faber, A., & Mazlish, E. (1995). Praise that doesn't demean, criticism that doesn't wound. *American Educator, 19,* 33–38.

Family Lives (formerly Parentline). https://www.familylives.org.uk

Farrant, B. M., Devine, T. A. J., Maybery, M. T., & Fletcher, J. (2012). Empathy, perspective taking and prosocial behaviour: The importance of parenting practices. *Infant & Child Development, 21*(2), 175–188.

Field, A. (2013). *Discovering statistics using IBM SPSS statistics: And sex and drugs and rock 'n' roll* (4th ed.). Los Angeles, CA: Sage.

Fisch, R., Weakland, J.H. & Segal, L. (1982). *The tactics of change: Doing therapy briefly.* San Francisco, CA: Jossey-Bass.

Flouri, E., & Buchanan, A., (2004). Early fathers and mothers involvement and child's later educational outcomes. *British Journal of Educational Psychology*, *74,* 141–153.

Forgatch, M.S., & DeGarmo, D.S. (1999). Parenting through change: An effective prevention program for single mothers. *Journal of Consulting and Clinical Psychology, 67*(5), 711–724.

Foster, N., O'Riordan, S., & Palmer, S. (2016). Spirituality and coaching psychology: An adaptation of the SPACE model. *Coaching Psychology International, 9*(1), 29-38.

Friars, P.M. & Mellor, D.J. (2007). Drop out from behavioural management training programs for ADHD: A prospective study. *Journal of Child and Family Studies 16,* 427–441. doi: 10.1007/s10826-006-9096-z

Fusco, T., O'Riordan, S., & Palmer, S. (2016). Increasing leaders' self-concept clarity in the authentic leadership group. *The Coaching Psychologist, 12*(1), 24-31.

Gallwey, W.T. (1974). *The Inner Game of Tennis,* New York: Random House.

Gardner, E., & Woolgar, M. (2018). Parenting in the community: A service evaluation of a universal, voluntary sector parenting intervention. *Journal of Community Psychology, 46,* 332–344.

Gavita, O. & Joyce, M. (2008). A review of the effectiveness of group cognitively enhanced behavioral based parent programs designed for reducing disruptive behavior in children. *Journal of Cognitive and Behavioral Psychotherapies, 8*(2), 185-199.

Ghods, N. (2009). Distance coaching: The relationship between the coach-client relationship, client satisfaction, and coaching outcomes (Order No. 3368310). Available from Business Premium Collection. (305169960). Retrieved from https://search-proquest-com.proxy.library.dmu.ac.uk/docview/305169960?accountid=10472

Gini, G., Albiero, P., Benelli, B., & Altoe, G. (2007). Does empathy predict adolescents' bullying and defending behavior? *Aggressive Behavior, 33*, 467-476.

Goldsmith, M. (2003). Coaching for behavioural change. *Business Strategy Review,* 14(3), 7-9.

Goodman, R., (1997). The strengths and difficulties questionnaire: A research note. *Journal of Child Psychology and Psychiatry*, *38*(5), 581–586.

Goodman, R., & Scott, S. (1999). Comparing the strengths and difficulties questionnaire and the child behavior checklist: is small beautiful? *Journal of Abnormal Child Psychology, 27*(1), 17–24.

Goodson, B. D., & Hess, R. D. (1975). Parents as teachers of young children: An evaluative review of contemporary concepts and programs. Stanford, CA: School of Education, Stanford University.

Gorby, C.B. (1937). Everyone gets a share of the profits. *Factory Management and Maintenance, 95,* 82–85.

Gordon, J. (2015). David, Sai and Alan – Home coaching with a preschool child and his parents. In A. Coad & N. Wrycraft (Eds.), *CBT approaches for children and young people: A practical case study guide* (pp. 61–72). Berkshire, England: Open University Press, McGraw Hill Education.

Gottman, J.N. & DeClaire, J. (1997). *The heart of parenting: How to raise an emotionally intelligent child.* London, England: Bloomsbury.

Govindji, R., & Linley, P. A. (2007). Strengths use, self-concordance and well-being: Implications for strengths coaching and coaching psychologists. *International Coaching Psychology Review, 2*(2), 143–153.

Goyette-Ewing, M., Slade, A., Knoebber, K., Gilliam, W., Truman, S., & Mayes, L. (2003). Parents first: A developmental parenting program. Yale Child Study Center. Unpublished Manuscript.

Grant, A.M. (2001.) *Towards a psychology of coaching.* Downloaded on 13 February 2014 from https://eric.ed.gov/?id=ED478147

Grant, A.M. (2003) The impact of life coaching on goal attainment, metacognition and mental health. *Social Behaviour and Personality, 31,* 253–264.

Grant, A.M. (2005). What is evidence-based executive, workplace and life coaching? *Evidence-based coaching: Theory, research and practice from the behavioural sciences, 1*, 1–12.

Grant, A. M. (2006) An integrative goal-focused approach to executive coaching. In D. Stober & A.M. Grant (Eds) *Evidence-based coaching handbook*. New York, N.Y.:Wiley.

Grant, A.M. (2012). Making positive change: A randomized study comparing solution-focused vs. problem-focused coaching questions. *Journal of Systemic Therapies, 31*(2), 21–35.

Grant, A. M. (2014). Autonomy support, relationship satisfaction and goal focus in the coach–coachee relationship: Which best predicts coaching success? *Coaching: An International Journal of Theory, Research and Practice, 7*(1), 18–38.

Grant, A.M., & Cavanagh, M.J. (2004). Toward a profession of coaching: Sixty-five years of progress and challenges for the future. *International Journal of Evidence Based Coaching and Mentoring, 2*(1), 7-21.

Grant, A.M., & Cavanagh, M.J. (2010). Life coaching. In E. Cox, T. Bachkirova, & D. Clutterbuck (Eds.), *The complete handbook of coaching* (pp. 297-310). London, England: SAGE Publications Ltd.

Grant, A.M., Cavanagh, M.J., Parker, H.M., & Passmore, J. (2010). The state of play in coaching today: A comprehensive review of the field. In G.P. Hodgkinson, & J.K. Ford (Eds.), *International review of industrial and organizational psychology, 25,* (pp. 125–167). East Sussex, England: Wiley-Blackwell.

Grant, A. M., & Greene, J. (2001). *Coach yourself: Make real change in your life*. London, England: Momentum Press.

Grant, A.M., & O'Connor, S. A. (2010). The differential effects of solution-focused and problem-focused coaching questions: A pilot study with implications for practice. *Industrial and Commercial Training, 42*(2), 102–111. doi:10.1108/00197851011026090

Grant, A.M., & O'Connor, S.A. (2019). A brief primer for those new to coaching research and evidence-based practice. *The Coaching Psychologist*, *15*(1), 3-10.

Grant, M.J., & Booth, A., (2009). A typology of reviews: an analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*, 91–108.

Green, L.S., Oades, L.G. & Grant, A.M. (2006). Cognitive-behavioral, solution-focused life coaching: Enhancing goal striving, well-being, and hope. *The Journal of Positive Psychology, 1*(3), 142–149.

Greenberg, M. T., & Kusché, C. (2002). *Promoting Alternative Thinking Strategies (PATHS), Blueprints for Violence Prevention 10*. Boulder, CO: Center for the Study and Prevention of Violence, University of Colorado.

Greene, K. & Grant, A.M. (2003). *Solution-focused coaching.* Harlow, UK: Pearson Education.

Griffin, C., Guerin, S., Sharry, J., & Drumm, M. (2010). A multicentre controlled study of an early intervention parenting programme for young children with behavioural and developmental difficulties. *International Journal of Clinical and Health Psychology, 10*(2), 279–294.

Griffiths, K. (2005). Personal coaching: A model for effective learning. *Journal of Learning Design, 1*(2), 55-65.

Gross, R. T., Spiker, D., & Haynes, C. W. (Eds.). (1997). *Helping Low Birth Weight, Premature Babies: The Infant Health and Development Program*. Stanford, CA: Stanford University Press.

Grusec, J.E., Hastings, P., & Mammone, N. (1994). Parenting cognitions and relationship schemas. In J.G. Smetana (Ed.), *Beliefs about parenting: Origins and developmental implications* (pp. 5– 19). San Francisco, CA: Jossey-Bass.

Guajardo, N.R., Snyder, G., & Petersen, R. (2009). Relationships among parenting practices, parental stress, child behaviour, and children's socio-cognitive development. *Infant and Child Development, 18,* 37-60.

Gutman, L.M., Brown, J., & Akerman, R., (2009). *Nurturing parenting capability – the early years.* London: Centre for Research on the Wider Benefits of Learning Institute of Education. ISBN 978-0-9559488-1-7

Gyllensten, K., & Palmer, S. (2005). Can coaching reduce workplace stress? *The Coaching Psychologist, 1*, 15–17.

Gyllensten, K., & Palmer, S. (2007). The coaching relationship: An interpretative phenomenological analysis. *International Coaching Psychology Review, 2*(2), 168–177.

Harvey, E., Danforth, J.S., Ulaszek, W.R., & Eberhardt, T.L. (2001). Validity of the parenting scale for parents of children with attention-deficit/hyperactivity disorder. *Behaviour Research and Therapy, 39,* 731–743.

Hassall, R., Rose, J., & McDonald, J. (2005). Parenting stress in mothers of children with an intellectual disability: the effects of parental cognitions in relation to child characteristics and family support. *Journal of Intellectual Disability Research, 49*(6), 405-418.

Hastings, R. P. (2002). Parental stress and behavior problems of children with developmental disability. *Journal of Intellectual and Developmental Disability, 27*(3), 149–160.

Havighurst, S.S., Wilson, K.R., Harley, A.E., Prior M.R., & Kehoe, C. (2010). Tuning in to Kids: improving emotional socialization practices in parents of preschool children – findings from a community trial. *Journal of Child Psychology and Psychiatry, 51*(12), 1342-1350.

Heijmans, N., van Lieshout, J., & Wensing, M. (2015). Improving participation rates by providing choice of participation mode: Two randomised controlled trials. *BMC Medical Research Methodology*, *15*(29).

Heimendinger, J., Uyeki, T., Andhara, A., Marshall, J.A., Scarbro, S., Belansky, E., & Crane, L. (2007). Coaching process outcomes of a family visit nutrition and physical activity intervention. *Health Education and Behavior, 34*(1), 71–89. doi: 10.1177/109019805285620

Henderlong, J., & Lepper, M. R. (2002). The effects of praise on children's intrinsic motivation: A review and synthesis. *Psychological Bulletin*, *128*(5), 774-795. doi:10.1037/0033-2909.128.5.774

Her Majesty's Government (2006). *Reaching out: An action plan on social exclusion.* London, England: Cabinet Office.

Hinton, S., & Taylor, A., (2006). *Challenging Years! Living with teenagers.* Brighton, Sussex: Trust for the Study of Adolescence – TSA Ltd.

Hoeve, M., Dubas, J.S., Eichelsheim, V.I., van der Laan, P.H., Smeenk, W., & Gerris, J.R.M. (2009). The relationship between parenting and delinquency: A meta-analysis. *Journal of Abnormal Child Psychology, 37,* 749–775. doi: 10.1007/s10802-009-9310-8

Hollenstein, T., Granic, I., Stoolmiller, M. & Snyder, J. (2004). Rigidity in parent-child interactions and the development of externalizing and internalizing behaviour in early childhood. *Journal of Abnormal Child Psychology, 32*(6), 595–607

Howard, K. I., Kopta, S. M., Krause, M.S., & Orlinsky, D. E. (1986). The dose-effect relationship in psychotherapy. *The American Psychologist, 41*(2), 159–164.

Howarth, A. O., & Symonds, B. D. (1991). Relation between alliance and outcome in psychotherapy. A meta-analysis. *Journal of Counselling Psychology, 38*, 139–149.

Hultgren, U. (2018). *Can different applications of solution focused cognitive behavioural coaching enhance well-being?* (Unpublished Doctoral thesis), City, University of London.

Hultgren, U., Palmer, S., & O'Riordan, S. (2016). Developing and evaluating a virtual coaching programme: A pilot study. *The Coaching Psychologist, 12* (2), 67-75.

Ives, Y. (2008). What is 'coaching'? An exploration of conflicting paradigms. *International Journal of Evidence Based Coaching and Mentoring, 6*(2), 100–113.

Jaccard, J., & Levitz, N. (2013). Parent-based interventions to reduce adolescent problem behaviors: New directions for self-regulation approaches. In G. Oettingen and P. Gollwitzer (Editors) *Self-regulation in adolescence* (pp. 357–388). New York, NY: Cambridge University Press.

Jackson, P.Z., & McKergow, M. (2007). (2nd Edition). *The solutions focus: Making coaching and change SIMPLE.* London, England: Nicholas Brealey.

Jacobson, N.S., & Truax, P. (1991). Clinical significance: a statistical approach to defining meaningful change in psychotherapy research. *Journal of Consulting and Clinical Psychology, 59*(1), 12–19.

Jacobson, N.S., Follette, W.C., Revenstorf, D., Baucom, D.H., Hahlweg, K., Margolin, G. (2000). Variability in outcome and clinical significance of behavioral marital therapy: A reanalysis of outcome data. *Prevention and Treatment, 3, posted June 2 2000, reprinted from Journal of Consulting and Clinical Psychology, 52*(4), 497–504.

Jewiss, J., & Clark-Keefe, K. (2007). On a personal note: Practical pedagogical activities to foster the development of "reflective practitioners." *American Journal of Evaluation, 29*(3), 334-347.

Jones, L., Hastings, R. P., Totsika, V., Keane, L., & Rhule, N. (2014). Child behavior problems and parental well-being in families of children with autism: The mediating role of mindfulness and acceptance. *American Journal on Intellectual and Developmental Disabilities, 119*(2), 171-85.

Joseph, S. (2010). The person-centered approach to coaching. In E. Cox, T. Bachkirova & D. Clutterbuck (Eds.), *The complete handbook of coaching* (pp.68–79). London, England: SAGE.

Jourden, F.J. (1991). *The influence of feedback framing on the self-regulatory mechanisms governing complex decision making.* Stanford, CA: Stanford University Press.

Joussemet, M., Landry, R., & Koestner, R. (2008). A self-determination theory perspective on parenting. *Canadian Psychology, 49*(3), 194-200.

Kauffman, C. (2006). Positive psychology: The science at the heart of coaching. In D. Stober & A.M. Grant (Eds.), *Evidence-based coaching handbook* (pp.219-253). New York, NY: Wiley.

Kazdin, A.E., Holland, L., & Crowley, M. (1997). Family experiences of barriers to treatment and premature termination from child therapy. *Journal of Consulting and Clinical Psychology, 65,* 453–463.

Kelly, G.A. (1955). *The psychology of personal constructs*. New York, NY: Norton.

Kemp T. (2006). An adventure-based framework for coaching. In D. Stober & A.M. Grant (Eds.), *Evidence-based coaching handbook* (pp. 277-311). New York, NY: Wiley

Kemp, T. (2008). Self-management and the coaching relationship: Exploring coaching impact beyond models and methods*, 3*(1), 32-42.

Kendall, S., & Bloomfield, L. (2005). Developing and validating a tool to measure parenting self-efficacy. *Journal of Advanced Nursing, 51*(2), 174–181.

Kerr, M., Stattin, H., & Özdemir, M., (2012). Perceived parenting style and adolescent adjustment: Revisiting directions of effects and the role of parental knowledge. *Developmental Psychology, 48*(6), 1540–1553. doi: 10.1037/a0027720

Kilburg, R.R. (2000). *Executive coaching: Developing managerial wisdom in a world of chaos.* Washington, DC: American Psychological Association.

Kirby, J. N., & Sanders, M. R. (2012). Using consumer input to tailor evidence-based parenting interventions to the needs of grandparents. *Journal of Child and Family Studies*, *21*(4), 626–636.

Koerting, J., Smith, E., Knowles, M. M., Latter, S., Elsey, H., McCann, D. C., Thompson, M., & Sonuga-Barke, E. J. (2013). Barriers to, and facilitators of, parenting programmes for childhood behaviour problems: a qualitative synthesis of studies of parents' and professionals' perceptions. *European Child & Adolescent Psychiatry*, *22*(11), 653–670.

Koksi. (n.d.) In *Online Etymology Dictionary.* Retrieved May 21, 2018 from https://www.etymonline.com/word/coach

Kolb, D.A. (1984). *Experiential learning: Experience as the source of knowledge and development.* Englewood Cliffs, NJ: Prentice-Hall.

Korfmacher, J., Kitzman, H., & Olds, D. (1998). Intervention processes as predictors of outcomes in a preventive home-visitation program. *Journal of Community Psychology, 26*(1)*,* 49–64.

Kumpfer, K.L., & Alvarado, R. (2003). Family-strengthening approaches for the prevention of youth problem behaviors. *American Psychologist, 58*(6/7), 457–465. doi: 10.1037/0003-066X.58.6-7.457

Kumpfer, K.L., Molgaard, V., & Spoth (1996). The Strengthening Families Program for the Prevention of Delinquency and Drug Use. In R. Peters, R. D. and R. J. McMahon, (Eds.) *Preventing childhood disorders, substance abuse, and delinquency. Banff international behavioral science series, Vol. 3*. Thousand Oaks, CA: Sage Publications, Inc.

Ladyshewsky, R. (2010). Peer coaching. In E. Cox, T. Bachkirova & D. Clutterbuck, (Eds.), *The complete handbook of coaching* (pp. 284–296). London, England: SAGE.

Lai, Y., & McDowall, A. (2014). A systematic review (SR) of coaching psychology: Focusing on the attributes of effective coaching psychologists. *International Coaching Psychology Review, 9*(2), 118–134.

Lally, P., Van Jaarsveld, C., Potts, H., & Wardle, J. (2010). How are habits formed: Modeling habit formation in the real world. *European Journal of Social Psychology, 1009*, 998 –1009.

Lambert, M.J. & Barley, D.E. (2001). Research summary on the therapeutic relationship and psychotherapy outcome. *Psychotherapy: Theory, Research, Practice, Training, 42*(1), 357–361.

Lanier, P., Frey, J.,Smith, Q., & Lambert, M. (2017). Measuring stigma for seeking parenting help among head start fathers. *Journal of the Society for Social Work and Research, 8*(2), 189-210.

Leask, C.F., Sandlund, M., Skelton, D.A., & Chastin, S.F.M. (2017). Co-creating a tailored public health intervention to reduce older adults' sedentary behaviour. *Health Education Journal, 76*(5), 595–608.

Lee, G. (2010). The psychodynamic approach to coaching. In E. Cox, T. Bachkirova & D. Clutterbuck, (Eds.), *The complete handbook of coaching* (pp. 23–36). London, England: SAGE.

Lefdahl-Davis, E.M., Huffman, L., Stancil, J., & Alayan, A.J. (2018). The impact of life coaching on undergraduate students: A multiyear analysis of coaching outcomes. *International Journal of Evidence Based Coaching and Mentoring, 16*(2), 69-83.

Leijten, P., Raaijmakers, M. A. J., Orobio de Castro, B., van den Ban, E., & Matthys, W. (2017). Effectiveness of the Incredible Years Parenting Program for Families with Socioeconomically Disadvantaged and Ethnic Minority Backgrounds. *Journal of Clinical Child & Adolescent Psychology*, *46*(1), 59–73.

Leijten, P., Raaijmakers, M., Wijngaards, L., Matthys, W., Menting, A., Hemink-van Putten, M., & Orobio de Castro, B. (2018). Understanding who benefits from parenting interventions for children's conduct problems: An integrative data analysis. *Prevention Science : The Official Journal of the Society for Prevention Research*, *19*(4), 579–588.

Lindforss, L., & Magnusson, D. (1997). Solution-focused therapy in prison. *Contemporary Family Therapy, 19,* 88–103.

Lindsay, G., Strand, S., & Davis, H. (2011) A comparison of the effectiveness of three parenting programmes in improving parenting skills, parent mental well-being and children's behaviour when implemented on a large scale in community settings in 18 English local authorities: the parenting early intervention pathfinder (PEIP). *BioMedCentral Public Health 1*, 962.

Linley, P.A. (2006). Coaching research: who? What? Where? When? Why? *International Journal of Evidence Based Coaching and Mentoring, 4*(2), 1–7.

Linley, P.A., & Harrington, S. (2005). Positive psychology and coaching psychology: Perspectives on integration. *The Coaching Psychologist 1*(1), 13–14.

Little, M., Berry, V., Morpheth, L., Blower, S., Axford, N., Taylor, R., Bywater, T., Lehtonen, M., & Tobin, K. (2012). The impact of three evidence-based programmes delivered in public systems in Birmingham, UK. *International Journal of Conflict and Violence. 6*(2), 260–272.

Lorber, M.F., Xu, S., Smith Slep, A.M., Bulling, L., & O'Leary, S.G. (2014). A new look at the psychometrics of the parenting scale through the lens of item response theory. *Journal of Clinical Child & Adolescent Psychology, 43*(4), 613–626.

Lundahl, B., Risser, H.J., & Lovejoy, M.C. (2006). A meta-analysis of parent training: Moderators and follow-up effects. *Clinical Psychology Review, 26*(1), 36–104.

Lunkenheimer, E.S., Olson, S.L., Hollenstein, T., Sameroff. A.J., & Winter, C. (2011). Dyadic flexibility and positive affect in parent-child coregulation and the development of child behaviour problems. *Development and Psychopathology, 23,* 577–591. doi: 10.1017/S095457941100006X

Luster, T., & Okagaki, L. (Eds.). (2005). *Monographs in parenting. Parenting: An ecological perspective (2nd ed.).* Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Maccoby, E. E., & Martin, J. A. (1983). *Socialization in the context of the family: Parent-child interaction.* In P. H. Mussen (Series Ed.) & E. M. Hetherington (Vol. Ed.), Handbook of Child Psychology: Vol. IV. Socialization, Personality and Social Development (4th Ed., pp. 1-101). New York, NY: Wiley

Maddux, J. (2012). Self-efficacy: The power of believing you can. In R. Snyder, & S. Lopez (Eds.), *Handbook of positive psychology* (pp. 277–287). New York, NY: Oxford University Press.

Martin, L.R., Williams, S.L., Haskard, K.B., & DiMatteo, M.R. (2005). The challenge of patient adherence. *Therapeutics and Clinical Risk Management, 1*(3), 189–199.

Maughan, B., Rowe, R., Messer, J., Goodman, R., & Meltzer, H. (2004). Conduct disorder and oppositional defiant disorder in a national sample: developmental epidemiology. *Journal of Child Psychology and Psychiatry, 45*, 609–621.

Mazor, K.M., Clauer, B.E., Field, T., Yood, R.A., & Gurwitz, J.H. (2002). A demonstration of the impact of response bias on the results of patient satisfaction surveys. *Health Services Research, 37*(5), 1403-1417.

McGilloway, S., Ni, M.G., Bywater, T. Furlong, M. Leckey, Y.; Kelly, P. Comiskey, C., & Donnelly, M. (2012). A parenting intervention for childhood behavioural problems: A randomized controlled trial in disadvantaged community-based settings. *Journal of consulting and clinical psychology*, *80*(1), 116–127.

McKeown, K., Haase, T., & Pratschke, J. (2001). *Springboard: Promoting family and well-being through family support services.* Dublin, Ireland: Department of Health and Children.

McMahon, R.J., & Forehand, R. (2003). *Helping the noncompliant child* (2nd ed.). New York, NY: Guilford.

McPherson, K., & Britton, A. (2001). Preferences and understanding their effects on health. *Quality in Health Care, 10,* (Suppl I):i61–i66.

Meltzer, H., Gatward, R., Goodman, R., & Ford, T. (2000). *The mental health of children and adolescents in Great Britain.* London England: The Stationery Office.

Menting, A.T.A. Orobio de Castro, B., & Matthys, W. (2013). Effectiveness of the Incredible Years parent training to modify disruptive and prosocial child behaviour: A meta-analytic review. *Clinical Psychology, Review, 33,* 901–913.

Mieloo, C., Raat, H., van Oort, F., Bevaart, F., Vogel, I., Donmer, M., & Jansen, W. (2012). Validity and reliability of the strengths and difficulties questionnaire in 5-6 year olds: differences by gender or by parental education? *PLoS ONE, 7*(5,) 1–8. doi:10.1371/journal.pone.0036805

Miller, S. (2010). *Supporting parents: Improving outcomes for children, families and communities.* Berkshire, England: McGraw-Hill Education.

Miller, P. A., & Eisenberg, N. (1988). The relation of empathy to aggressive and externalizing/antisocial behavior. *Psychological Bulletin, 103*, 324–344.

Miller, W.R., Yahne, C.E., Moyers, T.B., Martinez, J., & Pirritano, M. (2004). A randomized trial of methods to help clinicians learn motivational interviewing. *Journal of Consulting & Clinical Psychology, 72*(6), 1050–1062.

Moran M., & Brady B. (2010): Improving self-efficacy? Reflections on the use of life coaching techniques among family support service users. *Practice: Social Work in Action, 22*(5), 269–280.

Moran, P., Ghate, D., & van der Merwe, A. (2004) *What works in parenting support? A review of the international evidence*. London, England: HMSO.

Morawska, A., & Sanders, M.R. (2007). Concurrent predictors of dysfunctional parenting and maternal confidence: implications for parenting interventions. *Child: Care, Health and Development, 33,* 6, 757-767.

Morris, H., O'Connor, A., Cummins, J., Valentine, C., Dwyer, A., Goodyear, M., & Skouteris, H. (2019). A pilot efficacy study of Parents Building Solutions: A universal parenting program using co-design and strength-based approaches. *Children and Youth Services Review, 105*, Article 104447.

Murphy, N., and Withnell, N. (2013). Assessing the impact of delivering family interventions training modules: findings of a small-scale study. *Mental Health Nursing (Online), 33*(5), 10–13.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K.L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention. Principles of effective prevention programs. *American Psychologist, 58*(6/7), 449–456. doi: 10.1037/0003-066X.58.6-7.449

National Center for Parent, Family and Community Engagement. (2015). *Compendium of parenting interventions*. Washington, D.C.: National Center on Parent, Family, and Community Engagement, Office of Head Start, U.S. Department of Health & Human Services.

Neece, C.L., Green, S.A., & Baker, B.L. (2012). Parenting stress and child behavior problems: A transactional relationship across time. *American Journal on Intellectual and Developmental Disabilities, 117*(1), 48–66. doi: 10.1352/1944-7558-117.1.48

Neenan, M., & Palmer, S. (2001). Cognitive behavioural coaching. *Stress News, 13,*(3).

Nieuwboer, C.C., Fukkink, R.G., Hermanns, M.A. (2013). Online programs as tools to improve parenting: A meta-analytic review. *Children and Youth Services Review, 35,* 1823-1829.

Norcross, J.C. (2001). Purposes, processes and products of the task force on empirically supported therapy relationships. *Psychotherapy: Theory, Research, Practice, Training,* 38, 345–356.

Norcross, J.C., Krebs, P.M., & Prochaska, J.O. (2011). Stages of Change. *Journal of Clinical Psychology: In Session, 67*(2), 143–154. doi: 10.1002/jclp.20758.

Nowack, K. (2017). Facilitating successful behavior change: Beyond goal setting to goal flourishing. *Consulting Psychology Journal: Practice and Research, 69*(3), 153–171

Nunnally, J.C., & Bernstein, I.H. (1994). The Assessment of Reliability. *Psychometric Theory, 3*, 248–292.

O'Broin, A., & Palmer, S. (2006). The coach-client relationship and contributions made by the coach in improving coaching outcome. *The Coaching Psychologist, 2*(2), 16-20.

O'Broin, A., & Palmer, S. (2008). Reappraising the coach-client relationship. In S. Palmer & A. Whybrow (Eds.), *Handbook of coaching psychology: A guide for practitioners* (pp.295-324). London, England: Routledge.O'Broin, A., & Palmer, S. (2012). Enhancing the coaching alliance and relationship. In M. Neenan & S. Palmer (Eds.), *Cognitive behavioural coaching in practice* (pp. 53–79). Hove, England: Routledge.

O'Connell, B. (2012). *Solution-focused therapy (3rd ed.).* London: Sage

O'Connell, B., & Palmer, S. (2008). Solution-focused coaching. In S. Palmer & A. Whybrow (Eds.), *Handbook of coaching psychology: A guide for practitioners* (pp.278-292). London, England: Routledge.

O'Connell, B., Palmer, S., & Williams, H. (2012). *Solution Focused Coaching in Practice.* Hove, England: Routledge.

Ogbu, J. U. (1981). Origins of Human Competence: A Cultural Ecological Perspective. *Child Development*, *52*(2) 413-429. doi: 10.2307/1129158

Olds, D. L. (2012). Improving the life chances of vulnerable children and families with prenatal and infancy support of parents: the Nurse-Family Partnership. *Psychosocial Intervention. 21*,(2) 129-143.

Olthuis, J. V., McGrath, P. J., Cunningham, C. E., Boyle, M. H., Lingley-Pottie, P., Reid, G. J., Bagnell, A., Lipman, E.L., Turner, K. Corkum, P., Stewart, S.H., Berrigan, P., & Sdao-Jarvie, K. (2018). Distance-delivered parent training for childhood disruptive behavior (strongest families™): A randomized controlled trial and economic analysis. *Journal of Abnormal Child Psychology, 46*(8), 1613-1629.

Opdenacker, J., & Boen, F. (2008). Effectiveness of face-to-face versus telephone support in increasing physical activity and mental health among university employees. *Journal of Physical Activity and Health, 5*(6), 830–843. doi-org.proxy.library.dmu.ac.uk/10.1123/jpah.5.6.830

Orne, M.T. (1962) On the social psychology of the psychological experiment: With particular reference to demand characteristics and their implications. *American Psychologist 17*, 776–783

Palmer, M.L. (2015). *Low-intensity topic-specific group parenting programmes: enhancing intervention outcomes.* (Doctoral thesis). Retrieved from http://theses.gla.ac.uk/6912/

Palmer, S. (2004). Health coaching: A developing field within health education. *Health Education Journal 63*(2), 189–191.

Palmer, S. (2007). PRACTICE: A model suitable for coaching, counselling, psychotherapy and stress management. *The Coaching Psychologist, 3*(2), 71–77.

Palmer, S. (2008). The PRACTICE model of coaching: Towards a solution-focused approach. *Coaching Psychology International, 1*(1), 4–8.

Palmer, S. (2011). Revisiting the P in the PRACTICE coaching model. *The Coaching Psychologist, 7*(2), 156-158.

Palmer, S., Grant, A., & O'Connell, B. (2007). Solution focused coaching: Lost and found. *Coaching at Work, 2*(4), 22–29.

Palmer, S., & Szymanska, K. (2008). Cognitive behavioural coaching. In S. Palmer & A. Whybrow (Eds.), *Handbook of coaching psychology* (pp. 86–117). Hove, England: Routledge.

Palmer, S., Tubbs, I., & Whybrow, A. (2003). Health coaching to facilitate the promotion of healthy behaviour and achievement of health-related goals. *International Journal of Health Promotion and Education, 41*(3), 91–93.

Palmer, S., & Whybrow, A., (Eds.) (2008). *Handbook of coaching psychology.* Hove, England: Routledge.

Panchal, S. & Jackson, E. (2005). Turning 30: How to get the life you really want. London, England: Piatkus Books.

Panchal, S., & Jackson, E. (2007). 'Turning 30' transitions: Generation Y hits quarter-life. *The Coaching Psychologist, 3*(2) 46-51,

Panchal, S., Palmer, S., O'Riordan, S., & Kelly, A. (2017). Stress and wellbeing: A life stage model. *International Journal of Stress Prevention and Wellbeing, 1,* Article 5, ISSN 2397-7698.

Panter-Brick, C., Burgess, A., Eggerman, M., McAlliter, F., Pruett, K., & Leckman, J.F. (2014). Practitioner review: Engaging fathers – recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry* 55(11). 1187-1212.

Pardini, D.A. (2008). Novel insights into longstanding theories of bidirectional parent-child influences: Introduction to the special section. *Journal of Abnormal Child Psychology, 36,* 627–631. doi: 10.1007/s10802-008-9231-y

Park, H-S., & Gaylord-Ross, R. (1989). A problem-solving approach to social skills training in employment settings with mentally retarded youth. *Journal of Applied Behavior Analysis, 22*(4), 373–380.

Parsloe, E. (1995). *The Manager as Coach and Mentor.* London, England: Chartered Institute of Personnel and Development.

Parsloe, E. & Wray, M. (2000). *Coaching and Mentoring*. London, England: Kogan Page.

Passmore, J. & Fillery-Travis, A. (2011). A critical review of executive coaching research: A decade of progress and what's to come. *Coaching: An International Journal of Theory Research and Practice, 4*(2), *70-88.*

Passmore, J., & Lai, Y.L. (2019). Coaching psychology: Exploring definitions and research contribution to practice? *International Coaching Psychology Review, 14*(2), 69-83.

Passmore, J., Stopforth, M. & Lai, Y.L. (2018). *Defining coaching psychology: Debating coaching and coaching psychology definitions.* https://www.researchgate.net/publication/329787629_Defining_coaching_psychology_Debating_coaching_and_coaching_psychology_definitions

Passmore, J. & Whybrow, A. (2008). Motivational interviewing. A specific approach for coaching psychologists. In S. Palmer & A. Whybrow (Eds.), *Handbook of coaching psychology* (pp. 160–173). Hove, England: Routledge.

Patterson, G. R. (1982). *Coercive family process*. Eugene, OR: Castalia.

Patterson, J., Mockford, C., Barlow, J., Pyper, C., & Stewart-Brown, S. (2002). Need and demand for parenting programmes in general practice. *Archives of Disease in Childhood, 87,* 468–471.

Patterson, J., Mockford, C., & Stewart-Brown, S. (2005). Parents' perceptions of the value of the Webster-Stratton parenting programme : A qualitative study of a general practice based initiative. *Child: Care, Health and Development, 31*(1), 53–64.

Pavlov, I. (1927). *Conditioned reflexes.* Oxford, England: Oxford University Press.

Pavuluri, M.N., Luk, S.L., McGee, R. (1996). Help-seeking for behavior problems by parents of preschool children: A community study. *Journal of the American Academy of Child & Adolescent Psychiatry, 35*(2), 215-222.

Pekkan, N.U. (2018). Is it possible to improve self-efficacy with coaching? *International Journal of Eurasia Social Sciences 9*,33, 2017-2032.

Pelto, G.H., Dickin, K., & Engle, P.L. (1999). *A critical link - interventions for physical growth and development. A review.* Geneva, Switzerland: Department of Child and Adolescent Health and Development, World Health Organisation.

Pepping, C.A., Dawe, S., & Harnett, P.H. (2013). Using the Assessment Framework to measure parental mood: An investigation of the reliability of the Adult Well-Being Scale. *Child and Family Social Work, 21*(1), 44–54.

Peterson, D.B. (2006). People are complex and the world is messy: A behavior-based approach to executive coaching. In D. Stober & A.M. Grant (Eds.), *Evidence-based coaching handbook* (pp.51-76). New York, NY: Wiley.

Phelan, T. (2004). *1-2-3 magic: Effective discipline for children*. Illinois, IL: Child Management Inc.

Piaget, J. (1952). *The origins of intelligence in children.* Cook M. (Translator). New York, NY: International Universities Press, Inc.

Pierce, J.P., James, L.E., Messer, K., Myers, M.G., Williams, R.E., & Trinidad, D.R. (2008) Telephone counseling to implement best parenting practices to prevent adolescent problem behaviors. *Contemporary clinical trials, 29*(3), 324-334.

Pinquart, M. (2017). Associations of parenting dimensions and styles with externalizing problems of children and adolescents: An updated meta-analysis. *Developmental Psychology, 52*(5), 873–932.

Piquero, A.R., Jennings, W.G., Diamond, B., Farrington, D.P., Tremblay, R.E., Welsh, B.C., & Reingle Gonzalez, J.M. (2016). A meta-analysis update on the effects of early family/parent training programs on antisocial behaviour and delinquency. *Journal of Experimental Criminology, 12*, 229–248.

Pontoppidan, M, Klest, S.K., & Sandoy, T.M. (2016). The Incredible Years parents and babies program: A pilot randomized controlled trial. *PLoS One*, *11*(12), e0167592.

Posthumus, J. A., Raaijmakers, M. A., J., Maassen, G. H., van Engeland, H., & Matthys, W. (2012). Sustained effects of incredible years as a preventive intervention in preschool children with conduct problems. *Journal of Abnormal Child Psychology, 40*(4), 487–500.

Powell, D.R., (2005). Searches for what works in parenting interventions. In T. Luster, & L. Okagaki, (Eds.) *Monographs in parenting. Parenting: An ecological perspective (2nd ed.)* (pp.343-373). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

Prinzie, P., Onghena, P., & Hellinckx, W. (2007). Reexamining the parenting scale: Reliability, factor structure, and concurrent validity of a scale for assessing the discipline practices of mothers and fathers of elementary-school-aged children *European Journal of Psychological Assessment, 23*(1), 24–31.

Prochaska, J.O., & Di Clemente, C. (1982). Trans-theoretical therapy – toward a more integrative model of change. *Psychotherapy Theory Research and Practice, 19*(3), 276–288.

Psychogiou, L., Daley, D., Thompson, M.J., & Sonuga-Barkel, E.J.S. (2008). Parenting empathy: Associations with dimensions of parent and child psychopathology. *British Journal of Developmental Psychology, 26*, 221–232.

Puckering, C., Evans, J., Maddox, H., Mills, M. & Cox, A.D. (1996). Taking control: A single case study of Mellow Parenting. *Clinical Child Psychology and Psychiatry,1*(4), 539-550.

Puckering, C., Rogers, J., Mills, M., Cox, A.D., & Mattsson-Graff, M. (1994). Process and evaluation of a group intervention for mothers with parenting difficulties. *Child Abuse Review*, *3*, 299-310.

Raaijmakers, M., Koffijberg, H., Posthumus, J., van Hout, B., van Engeland, H., & Matthys, W. (2008). Assessing performance of a randomized versus a non-randomized study design *Contemporary Clinical Trials, 29,* 293–303. doi:/10.1016/j.cct.2007.07.006

Raikes, H.A., & Thompson, R.A. (2005). Efficacy and social support as predictors of parenting stress among families in poverty. *Infant Mental Health Journal. 26*(3), 177–190.

Ramey, C. T., Bryant, D. M., Wasik, B. H., Sparling, J. J., Fendt, K. H., & LaVange, L. M. (1992). Infant Health and Development Program for low birth weight, premature infants: Program elements, family participation, and child intelligence. *Pediatrics, 3,* 454–465.

Reitman, D., Currier, R.O., Hupp, S.D.A., Rhode, P.C., Murphy, M.A., & O'Callaghan, P.M. (2001). Psychometric characteristics of the parenting scale in a head start population. *Journal of Clinical Child Psychology, 30*(4), 514–524.

Rhoades, K.A., & O'Leary, S.G. (2007). Factor structure and validity of the parenting scale. *Journal of Clinical Child and Adolescent Psychology, 36*(2), 137–146.

Roelofs, J., Meesters, C., ter Huurne, M., Bamelis, L., & Muris, P. (2006). On the links between attachment style, parental rearing behaviors, and internalizing and externalizing problems in non-clinical children. *Journal of Child & Family Studies*, *15*(3), 319–332.

Rogers, C. (1951). *Client-centered therapy: Its current practice, implications, and theory.* Boston, MA: Houghton Mifflin.

Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*(2), 95-103.

Rogers, C. R. (1961). *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin.

Rogers, J., (2012). *Coaching skills.* (3rd ed.) Berkshire, England & New York, NY: McGraw-Hill.

Rogers, L., Hallam, S., & Shaw, J. (2008). Do generalist parenting programmes improve children's behaviour and attendance at school? The parents' perspective. *British Journal of Special Education, 35*, 16–25.

Rollnick, S., Butler, C.C., Kinnersley, P., Gregory, J., & Mash, B. (2010). Motivational interviewing. *BMJ,* 340:c1900.

Rollnick, S., & Miller, W. (1995). What is motivational interviewing? *Behavioural and Cognitive Psychotherapy, 23,* 325–334.

Rutter, M. (1967). A children's behaviour questionnaire for completion by teachers: Preliminary findings. *Journal of Child Psychology and Psychiatry, 8,* 1-11.

Ryan, R.M., & Deci, E.L. (2006). Self-regulation and the problem of human autonomy: Does psychology need choice, self-determination, and will? *Journal of Personality 74*(6), 1557-1585.

Ryan, R.M., & Deci, E.L. (2008). A self-determination theory approach to psychotherapy: the motivational basis for effective change. *Canadian Psychology, 49*(3), 186-193.

Saarni, C. (1982). *Psychometric properties of the Parent Attitude toward Children's Expressiveness Scale (PACES).* Rohnert Park, CA: Sonoma State University (ERIC Document Reproduction Service No. Ed 317 301)

Sakkalou, E., Sakki, H., O'Reilly, M.A., Salt, A.T., & Dale, N.J. (2018). *Developmental Medicine & Child Neurology, 60*(3), 290-298.

Sanders, M. (1999) The Triple P–Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review, 2,* 71–90.

Sanders, M. R. & McFarland, M. (2000). Treatment of depressed mothers with disruptive children: A controlled evaluation of cognitive behavioral family intervention. *Behavior Therapy, 31*(1), 89-112.

Sanders, M., Turner, K. & Markie-Dadds, C. (2002) The development and dissemination of the Triple P positive parenting programme: A multilevel, evidence based system of parenting and family support. *Prevention Science, 3*, 173–189.

Sanders, M.R., & Woolley, M.L. (2005). The relationship between maternal self-efficacy and parenting practices: implications for parent training. *Child: Care, Health & Development, 31*(1), 65–73.

Sanderson, W.C., & Beck, A.T. (1990). Syndrome comorbidity in patients with major depression or dysthymia: Prevalence and temporal relationships. *American Journal of Psychiatry, 147,* 1025-1028.

Sandler, I., Schoenfelder, E. N., Wolchik, S.A., & MacKinnon, D. P. (2011). Long-term impact of prevention programs to promote effective parenting: lasting effects but uncertain processes. *Annual Review of Psychology, 62,* 299-329.

Schaffer, M., Clark, S., & Jeglic, E.L. (2009). The role of empathy and parenting style in the development of antisocial behaviors. *Crime and Delinquency 55*(4), 586-599.

Schönfeld, P., Brailovskaia, J., Bieda, A., Zhang, X.C., & Margraf, J. (2015). The effects of daily stress on positive and negative mental health: Mediation through self-efficacy. *International Journal of Clinical and Health Psychology,* http://dx.doi.org/10.1016/j.ijchp.2015.08.005

Seligman, M.E.P., & Csikszentmihalyi, M. (2000). Positive psychology an introduction. *American Psychologist, 55*(1), 5–14.

Sevigny, P.R., & Loutzenhiser, L. (2009). Predictors of parenting self-efficacy in mothers and fathers of toddlers. *Child: care, health and development, 36,* 179–198.

Shaffer, A., Lindhiem, O., Kolko, D. J., & Trentacosta, C. J. (2013). Bidirectional relations between parenting practices and child externalizing behavior: a cross-lagged panel analysis in the context of a psychosocial treatment and 3-year follow-up. *Journal of abnormal child psychology*, *41*(2), 199–210.

Sharry, J., & Fitzpatrick, C. (1997). *Parents Plus Program: A video - based guide to managing and solving discipline problems in children aged 4–11*. Dublin : Parents Plus. Retrieved April 25, 2019 from www.parentsplus.ie.

Shaw, D.S., Connell, A., Dishion, T.J., Wilson, M.N., & Gardner, F. (2009). Improvements in maternal depression as a mediator of intervention effects on early childhood problem behavior. *Development and Psychopathology*, *21,* 417–439.

Sheldon, K.M., & Elliot, A.J. (1999). Goal striving, need satisfaction, and longitudinal well-being: The self-concordance model. *Journal of Personality and Social Psychology, 76*(3), 482–497.

Short, D., Erickson, B.A., & Erickson-Klein, R. (2005). *Hope & Resiliency: Understanding the psychotherapeutic strategies of Milton H Erickson MD.* Carmarthen, Wales: Crown House Publishing Ltd.

Siddiqui, S. (2015). Impact of self-efficacy on psychological well-being among undergraduate students. *The International Journal of Indian Psychology, 2*(3), 5–16.

Skiffington, S. , & Zeus, P. (2003). *Behavioral Coaching.* New South Wales, Australia: McGraw Hill Australia Pty Ltd.

Skinner, B.F. (1974). *About behaviourism.* London, England: Jonathan Cape.

Small, S.A., Cooney, S.M., & O'Connor, C. (2009). Evidence-informed program improvement: Using principles of effectiveness to enhance the quality and impact of family-based prevention programs. *Family Relations, 58,* 1-13.

Smith, J., & Noble, H. (2016). Reviewing the literature. *Evidence-Based Nursing, 19*(1), 2-3.

Smith, M. (2010). Good parenting: Making a difference. *Early Human Development, 86,* 689–693. doi: 10.1016/j.earlhumdev.2010.08.011

Snaith, R.P., Constantopoulos, A.A., Jardine, M.Y., & McGuffin, P. (1978). A clinical scale for the self-assessment of irritability. *British Journal of Psychiatry, 132,* 164–171.

Soenens, B., Vansteenkiste, M., Luyckx, K., & Goossens, L. (2006). Parenting and adolescent problem behavior: An integrated model with adolescent self-disclosure and

perceived parental knowledge as intervening variables. *Developmental Psychology, 42*(2), 305–318. doi: 10.1037/0012-1649.42.2.305

Solihull Approach Team. (2006). *The Solihull approach parenting group facilitators manual*. Solihull, England: CAMHS, Solihull Care Trust.

Spaten, O. M., Kyndesen, A. I., & Palmer, S. (2012). From Practice to Praksis - models in Danish coaching psychology. *Coaching Psychology International*, *5*(1), 7-12.

Spence, G.B., & Grant, A.M. (2005). Individual and group life coaching: initial findings from a randomised, controlled trial. In T. Kemp, A. Grant, & M. Cavanagh (Eds.), *Evidence based coaching. Volume 1: Theory, research and practice from the behavioural sciences* (pp. 143–158). Bowen Hills, Qld, Australia: Australian Academic Press.

Spence, G.B., & Grant, A.M. (2007). Professional and peer life coaching and the enhancement of goal striving and well-being: an exploratory study. *The Journal of Positive Psychology: Dedicated to furthering research and promoting good practice. 2*(3), 185–194.

Spinelli, E. (2010). Existential coaching. In E. Cox, T. Bachkirova, & D. Clutterbuck (Eds.), *The complete handbook of coaching* (pp. 94-106). London, England: SAGE.

Starr, J. (2011). *The Coaching Manual. The definitive guide to the process, principles and skills of personal coaching.* (3rd ed.). Harlow: Pearson Education Limited.

Steele, M., Marigna, M., Tello, J., & Johnson, R. (2000). *Strengthening families, strengthening communities: an inclusive parent programme. Facilitator Manual.* London: Race Equality Unit.

Steinberg, L. (2001). We know some things: Parent – adolescent relationships in retrospect and prospect. *Journal of Research on Adolescence, 11*, 1–19.

Steptoe, A., Doherty, S., Rink, E., Kerry, S., Kendrick, T., & Hilton, S. (1999). Behavioural counselling in general practice for the promotion of healthy behaviour among adults at increased risk of coronary heart disease: randomised trial. *BMJ, 319,*7215, 943–948.

Stern, J.A., Borelli, J.L., & Smiley, P.A. (2015). Assessing parental empathy: a role for empathy in child attachment. *Attachment and Human Development, 17*(1), 1-22.

Stewart-Brown, S. (2008). Improving parenting: The why and the how. *Archives of Disease in Childhood, 93*, 102–104.

Stewart-Brown, S., Patterson, J., Mockford, C., Barlow, J., Klimes, I., & Pyper, C. (2004). Impact of a general practice based group parenting programme on the mental health of children and parents 12 months post intervention: quantitative and qualitative results from a controlled trial. *Archives of Disease in Childhood, 89*(6), 519–525.

Stier, Jr. W.F. (2010). *Coaching: A problem solving approach.* Boston, MA: American Press.

Stober, D. (2006). Coaching from the humanistic perspective. In D. Stober & A.M. Grant (Eds.), *Evidence-based coaching handbook.* New York, NY: Wiley.

Stober, D., & Grant, A.M. (Eds.), (2006). *Evidence based coaching handbook* (pp. 17-50). Hoboken, NJ: Wiley.

Stone, L.L., Otten, R., Engels, R.C.M.E., Vermulst, A.A., & Janssens, J.M.A.M. (2010). Psychometric properties of the parent and teacher versions of the strengths and difficulties questionnaire for 4- to 12-year-olds: a review. *Clinical Child and Family Psychology Review, 13,* 254–274. doi: 10.1007/s10567-010-0071-2

Stormshak, E.A., Bierman, K.L., McMahon, R.J., & Lengua, L.J. (2000). Parenting practices and child disruptive behaviour problems in early elementary school. *Journal of Clinical Child Psychology, 29*(1), 17–29.

Strayer, J. & Roberts, W. (2004). Children's anger, emotional expressiveness, and empathy: Relations with parents' empathy, emotional expressiveness, and parenting practices. *Social Development,* 13(2), 229-254.

Sutton, C., & Herbert, M. (2008). Five fruit and vegetables and five praises a day: The case for a proactive approach. *Community Practitioner, 81*(4), 19–22.

Sutton, C,. Utting, D., & Farrington, D. (2004). *Support from the start: working with young children and their families to reduce the risks of crime and anti-social behaviour.* Research Brief RB524. London: Department for Education and Skills ISBN: 1 84478 203 4

Tabachnik, B.G., & Fidell, L.S. (2013). *Using multivariate statistics.* Boston, MA: Pearson.

Theeboom, T., Beersma, B., & Van Vianen, A.E.M. (2016). The differential effects of solution-focused and problem-focused coaching questions on the affect, attentional control and cognitive flexibility of undergraduate students experiencing study-related stress. *The Journal of Positive Psychology, 11*(5), 460–469. doi: 10.1080/17439760.2015.1117126

Thompson, M.J.J., Laver-Bradbury, C., Ayres, M., Le Poidevin, E., Mead, S., Dodds, C., Psychowestgiou,, L., Bitsakou, P., Daley, D., Weeks, A., Brotman, L.M., Abikoff, H., Thompson, P., & Sonuga-Barke, E.J.S. (2009). A small-scale randomized controlled trial of the revised new forest parenting programme for preschoolers with attention deficit hyperactivity disorder. *European Journal of Child and Adolescent Psychiatry 18,* 605–616. doi: 10.1007/s00787-009-0020-0

Tschannen-Moran, B. (2010). Skills and performance coaching. In E. Cox, T. Bachkirova, & D. Clutterbuck (Eds.), *The complete handbook of coaching* (pp. 203-216). London, England: SAGE Publications Ltd.

Tully, L.A., Collins, D.A.J., Piotrowska, P.J., Mairet, K.S., Hawes, D.J., Moul, C., Lenroot, R.K., Frick, P.J., Anderson, V.A., Kimonis, E.R., & Dadds, M.R. (2018). Examining practitioner competencies, organizational support and barriers to engaging fathers in parenting interventions. *Child Psychiatry and Human Development, 49,* 109–122

Tully, L.A., & Hunt, C.J. (2016). Brief parenting interventions for children at risk of externalizing behavior problems: A systematic review. *Journal of Child and Family Studies, 25*(3), 705–719.

Vale, M.J., Jelinek, M.V., Best, J.D., Dart, A.M., Grigg, L.E., Hare, D.L., Ho, B.P., Newman, R.W., & McNeil, J.J. (2003). Coaching patients on achieving cardiovascular health (COACH) a multicenter randomized trial in patients with coronary heart disease. *Archives of Internal Medicine, 163*(22), 2775–2783. doi:10.1001/archinte.163.22.2775

Van der Graaff, J., Branje, S., De Wied, M., & Meeus, W. (2012). The moderating role of empathy in the association between parental support and adolescent aggressive and delinquent behavior. *Aggressive Behavior, 38*, 368–377. http://dx.doi.org/10.1002/ab.21435

Villadsen, A. (2015). Parent and child mental health outcomes of the Family Links 10 Week Nurturing Programme for Parents. Retrieved from the Family Links website: https://www.familylinks.org.uk/post/10-week-nurturing-programme-parent-and-child-mental-health-outcomes-villadsen-2015

Wasik, B. (1984). Teaching parents effective problem-solving: A handbook for professionals. Unpublished manuscript. Chapel Hill, NC: University of North Carolina.

Watzlawick, P., Weakland, J., & Fisch, R. (1974). *Change: Principles of problem formulation and problem resolution.* New York, NY: W.W. Norton and Co.

Weakland, J.H., Fisch, R., Watzlawick, P., & Bodin, A.M. (1974). Brief therapy: Focused problem resolution. *Family Process. 13*(2), 141–168.

Weaver, C.M., Shaw, D.S., Dishion, T.J., & Wilson, M.N. (2008). Parenting self-efficacy and problem behavior in children at high risk for early conduct problems: the mediating role of maternal depression. *Infant Behaviour and Development, 31*(4)*,* 594–605.

Webster-Stratton, C. (1984). Randomized trial of two parent-training programs for families with conduct-disordered children. *Journal of Consulting and Clinical Psychology, 52*(4), 666–678.

Webster-Stratton, C. (1990). Stress: A potential disrupter of parent perceptions and family interactions. *Journal of Clinical Psychology, 19*, 302–312.

Webster-Stratton, C. (2016). *Benefits of Using the Incredible Years® Home Coaching Parent Programs: Assuring Success* (Unpublished). Incredible Years, Inc., Seattle, WA.

Webster-Stratton, C. & Hammond, M. (1997). Treating children with early-onset conduct problems: A comparison of child and parent training interventions. *Journal of Consulting and Clinical Psychology, 65*, 93–109.

Webster-Stratton, C., & Herbert, M. (1993). What really happens in parent training? *Behavior Modification, 17*(4), 407–456.

Webster-Stratton, C., & Herman, K.C. (2010). Training and dissemination model: seven strategies for delivering IY programs with fidelity and assuring long term sustainability. *Psychology in the Schools, 47*(1), 36-54.

Webster-Stratton, C., Rinaldi, K., & Jamila, M.R. (2011). Long term outcomes of Incredible Years parenting program: Predictors of adolescent adjustment. *Child and Adolescent Mental Health, 16*(1), 38–46. doi: 10.1111/j.1475-3588.2010.00576.x

West, S.G., Duan, N., Pequegnat, W., Gaist, P., Des Jarlais, D.C., Holtgrave, D., Szapocznik, J., Fishbeing, M., Rapkin, B., Clatts, M., & Mullen, P.D. (2008). Alternatives to the Randomised Controlled Trial. *American Journal of Public Health, 9,*(8), 1359–1366.

Whitmore, J. (1992). *Coaching for performance.* London: Nicholas Brealey Publishing.

Whittaker, K.A., & Cowley, S. (2012). A survey of parental self-efficacy experiences: maximising potential through health visiting and universal parenting support. *Journal of Clinical Nursing, 21,* 3276–3286 doi: 10.1111/j.1365-2702.2012.04074.x

Wilding, J., & Barton, M. (2007). Evaluation of the Strengthening Families, Strengthening Communities Programme 2004/5. London, England: Race Equality Foundation.

Williams, H., Edgerton, N., & Palmer, S. (2010). Cognitive behavioural coaching. In E. Cox, T. Bachkirova & D. Clutterbuck (Eds.), *The complete handbook of coaching* (pp.37–53). London, England: SAGE.

Williams, G. C., McGregor, H. A., Sharp, D., Levesque, C., Kouides, R. W., Ryan, R. M., & Deci, E.L. (2006). Testing a self-determination theory intervention for motivating tobacco cessation: Supporting autonomy and competence in a clinical trial. *Health Psychology, 25*(1), 91–101.

Williams, H., & Palmer, S. (2018). CLARITY. A case study application of a cognitive behavioural coaching model. Retrieved from researchgate.net/publication/329655089_CLARITY_A_case_study_application_of_a_cognitive_behavioural_coaching_model

Wilson, P., Rush, R., Hussey, S., Puckering, C., Sim, F., Allely, C. S., Doku, P., McConnachie, A., & Gillberg, C. (2012). How evidence-based is an 'evidence-based parenting program'? A PRISMA systematic review and meta-analysis of Triple P. *BMC Medicine, 10*(130).

Wood, J. J., McLeod, B. D., Sigman, M., Hwang, W-C., & Chu, B. C. (2003). Parenting and childhood anxiety: Theory, empirical findings, and future directions. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 44,* 134–151.

Woods, K., Bond, C., Humphrey, N., Symes, W., & Green, L. (2011). *Systematic review of solution focused brief therapy (SFBT) with children and families.* (DfE Research Report RR179). London: Department for Education.

Yanow, D., & Tsoukas, H. (2009). "What is reflection-in-action? A phenomenological account. *Journal of Management Studies*, *46*(8), 1339-1364.

Zhou, Q., Eisenberg, N., Losoya, S.H., Fabes, R.A., Reiser, M., Guthrie, I.K., Murphy, B.C., Cumberland, A.J., & Shepard, S.A. (2002). The relations of parental warmth and positive expressiveness to children's empathy-related responding and social functioning: A longitudinal study. *Child Development*, *73*(3), 893–915.

Zimmerman, T.S., Jacobsen, R.B., Macintyre, M., & Watson, C. (1996). Solution focused parenting groups: An empirical study. *Journal of Systemic Therapies 15,* 12–25.

Zimmerman, T.S., Prest, L., & Wetzel, B. (1997). Solution-focused couples therapy groups: An empirical study. *Journal of Family Therapy, 19,* 125–144.

Appendix A

FREC Ethical Approval December 2013

DE MONTFORT UNIVERSITY LEICESTER

HLS FREC Ref: 1211

11th December 2013

Clare Edens
[redacted]

Dear Clare

Re: Ethics application – Exploring the effectiveness of different Parent Support Models (ref: 1211)

I am writing regarding your application for ethical approval for a research project titled to the above project. This project has been reviewed in accordance with the Operational Procedures for De Montfort University Faculty of Health and Life Sciences Research Ethics Committee. These procedures are available from the Faculty Research and Commercial Office upon your request.

I am pleased to inform you that ethical approval has been granted by Chair's Action for your application. This will be reported at the next Faculty Research Committee, which is being held on 30th January 2014.

Should there be any amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee.

The Faculty Research Ethics Committee should be notified by e-mail to HLSFRO@dmu.ac.uk when your research project has been completed.

Yours sincerely,

M. Grootveld

Professor Martin Grootveld
Chair
Faculty of Health and Life Sciences
Research Ethics Committee

Research & Commercial Development Office, Faculty of Health and Life Sciences
1.25 Edith Murphy House, The Gateway, Leicester LE1 9BH. **T:** (0116) 257 7765 **E:** hlsrcogeneralenquiries@dmu.ac.uk

Appendix B

FREC Amendment Approval July 2017

Reply all | Delete Junk | ...

FREC Amendments Approved (Ref: 1212)

HLS Faculty Research Ethics Committee <hlsfro@dmu.ac.uk>

Reply all |

Mon 24/07/2017, 15:11

Clare Edens; HLS Faculty Research Ethics Committee <hlsfro@dmu.ac.uk>; Hel

Inbox

Dear Clare

RE: Ethics Application - Exploring the effectiveness of different Parent Support Models (Ref: 1212)

Further to the original approval of the above named project, I can confirm that the Chair of the Faculty Research Ethics Committee has approved the amendment request submitted on **6/7/2017**. This will be reported in the next Ethics Committee meeting.

Should there be any further amendments to the research methods or persons involved with this project you must notify the Chair of the Faculty Research Ethics Committee immediately in writing. Serious or adverse events related to the conduct of the study need to be reported immediately to your Supervisor and the Chair of this Committee.

The Faculty Research Ethics Committee should be notified by e-mail to hlsfro@dmu.ac.uk when your research project has been completed.

Regards

Faculty Research Ethics Committee
Faculty of Health & Life Sciences, De Montfort University
1.25 Edith Murphy House, The Gateway, Leicester, LE1 9BH
T: 0116 250 6122 / 0116 257 7775
Email: hlsfro@dmu.ac.uk
Website / forms: http://www.dmu.ac.uk/research/ethics-and-governance/faculty-specific-procedures/health-and-life-sciences-ethics-procedures.aspx

Appendix C

Participant Information Sheet:

How children's behaviour affects parents' feelings of wellbeing and self-confidence

You are invited to participate in a study being conducted by Clare Edens, MsC, a Doctoral Researcher at De Montfort University, Leicester. The purpose of the study is to compare different types of parenting support. This study aims to pilot a parental coaching intervention and to compare its effectiveness with established parenting programmes. Coaching is a series of one to one supportive sessions which help you think of solutions to address anything that concerns you about your child's behaviour or your relationship with your child. In particular this study wants to examine how parents' feelings of wellbeing are affected by their child or children's behaviour.

PARTICIPATION
Your participation in this survey is voluntary. You may refuse to take part in the research or exit the survey at any time without penalty. You may skip any question you do not wish to answer for any reason.

BENEFITS & RISKS
You will have the chance to improve your relationship with your child and your own wellbeing by participating in this research study. In addition, your responses may help us learn more about the effect of children's behaviour on parents' wellbeing. The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering personal survey questions).

WHAT PARTICIPATION MEANS
Option 1. You complete a set of questionnaires now and another set of the same questionnaires in ten weeks' time.

Option 2. You will complete a set of questionnaires now, take part in up to ten parenting coaching sessions over the telephone and complete another set of the same questionnaires after that.

Please indicate which option you are choosing:

☐ Option 1

☐ Option 2

CONFIDENTIALITY
Your survey answers will be stored initially with Qualtrics in a password protected electronic format. Only the lead researcher will have access to the questionnaires which will be stored in a locked cabinet at the researcher's home address and destroyed after a period of five years. All information which is collected about you during the course of the research will be kept on a password protected database and is strictly confidential. You will be given an ID code which will be used instead of your name. Any identifiable information you may give

will be removed and anonymised. Any demographic information collected in this study will only be used for analytical purposes and this information will not be associated with survey responses.

RESULTS OF THE RESEARCH STUDY
Your data will be added to that from all the other participants in the study, and analysed on a statistics programme for publication in a PhD thesis and scientific journals. No individual can be identified and no-one will know who participated in the study. Participants will receive a copy of the summary of the findings.

CONTACT
If you have questions about the process please contact the researcher Clare Edens, [redacted]
Email: clare.edens@my365.dmu.ac.uk Tel: [redacted]

If you have a complaint regarding anything to do with this study, you can initially approach the researcher. If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Mr Tom Moore (tmoore@dmu.ac.uk) the Research and Commercial Office, Faculty of Health and Life Sciences, 1.25 Edith Murphy House Leicester Tel 0116 257 7765.

ELECTRONIC CONSENT
Please select your choice below. You may print a copy of this consent form for your records.
Clicking on the "Agree" button indicates that

- You have read the above information
- You voluntarily agree to participate
- You are 18 years of age or older
- You are the parent of a child of primary school age

If you click on the Agree button you will continue to a set of questionnaires and a personal information form.
The set of questionnaires following this invitation and consent form should take approximately half an hour to complete.

☐ Agree

☐ Disagree

Appendix D

CONSENT FORM

Title of project: EXPLORING THE EFFECTIVENESS OF DIFFERENT PARENT SUPPORT MODELS

Name of researcher: Clare Edens, MSc

Please initial all boxes if you agree

1. I confirm that I have read and understood the information sheet for the above study. ☐

2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐

3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. This will also be the case within 72 hours of the end of the study. ☐

4. I agree that non identifiable quotes may be published in articles or used in conference presentations. ☐

5. I understand that data collected during the study will be looked at by a team of qualified psychologists from De Montfort University. I give permission for the supervisor to have access to my data. ☐

6. I understand that the data collected from questionnaires during the study will be stored without reference to my name and will be stored in a secure filing cabinet and on a password protected computer. All data will be destroyed after 5 years. ☐

I agree to take part in this study

I _____ agree to take part in this study _____

Print name of participant Date

_____

Signature

Researcher's Signature _____

NB: This consent form will be stored separately from your questionnaire data to ensure confidentiality.

Appendix E

Demographic Questionnaire

Mother/Father/Primary Caregiver _____ Date of Birth _____

Ethnicity _____

Spouse/Partner YES/NO Date of Birth _____

Participant Educational Qualifications

Stayed at school until 16 years old ☐

Continued education until at least 18 years old (college/university/professional qualification) ☐

Are you currently working?

Yes Full time Yes Part time

No not working Not working but training

In unpaid employment (volunteering/work experience)

Is your spouse/partner working?

Yes Full time Yes Part time

No not working Not working but training

In unpaid employment (volunteering/work experience)

How many children in your household _____

Housing:

Do you own your property?	Yes	No
Do you rent your property from a private landlord?	Yes	No
Do you rent from a Housing Association/Local Authority?	Yes	No
Do you live with relatives/friends?	Yes	No

Do you qualify for free school meals? Yes No

Does your child have any ongoing medical diagnoses or problems. If yes, what are they _____

_____

Appendix F

Measures

Parenting Scale

Child's Name: _____ Today's Date:_____

Sex: Boy_____ Girl _____ Child's Birthdate: _____

Instructions:

At one time or another, all children misbehave or do things that could be harmful, that are " wrong", or that parents don't like. Examples include:

hitting someone	*refusing to go to bed*	*running into the street*
whining	*having a tantrum*	*arguing back*
not picking up toys	*lying*	*coming home late*
forgetting homework	*wanting a biscuit before*	
throwing food	*dinner*	

Parents have many different ways or styles of dealing with these types of problems. Below are items that describe some styles of parenting.

For each item, fill in the circle that best describes your style of parenting during the past two months with the child indicated above.

SAMPLE ITEM:

At meal time…

I let my child decide how much to eat.	**0---0---0---0---0---0---0**	I decide how much my child eats.

1. When my child misbehaves…

I do something right away.	**0---0---0---0---0---0---0**	I do something about it later.

2. Before I do something about a problem…

I give my child several reminders or warnings.	**0---0---0---0---0---0---0**	I use only one reminder or warning.

3. When I'm upset or under stress…

I am picky and on my child's back.	**0---0---0---0---0---0---0**	I am no more picky than usual.

4. When I tell my child not to do something…

I say very little. **0---0---0---0---0---0---0** I say a lot.

5. When my child pesters me…

I can ignore the pestering. **0---0---0---0---0---0---0** I can't ignore pestering.

6. When my child misbehaves…

I usually get into a long argument with my child. **0---0---0---0---0---0---0** I don't get into an argument.

7. I threaten to do things that…

I am sure I can carry out. **0---0---0---0---0---0---0** I know I won't actually do.

8. I am the kind of parent that…

set limits on what my child is allowed to do. **0---0---0---0---0---0---0** lets my child do whatever he/she wants.

9. When my child misbehaves…

I give my child a long lecture. **0---0---0---0---0---0---0** I keep my talks short and to the point.

10. When my child misbehaves…

I raise my voice or yell. **0---0---0---0---0---0---0** I speak to my child calmly.

11. If saying "No" doesn't work right away…

I take some other kind of action. **0---0---0---0---0---0---0** I keep talking and try to get through to my child.

12. When I want my child to stop doing something…

I firmly tell my child to stop. **0---0---0---0---0---0---0** I coax or beg my child to stop.

13. When my child is out of my sight…

I often don't know what my child is doing. **0---0---0---0---0---0---0** I always have a good idea of what my child is doing.

14. After there's been a problem with my child…

I often hold a grudge. **0---0---0---0---0---0---0** things get back to normal quickly.

15. When we're not at home…

I handle my child the way I do at home. **0---0---0---0---0---0---0** I let my child get away with a lot more.

16. When my child does something I don't like…

I do something about it every time it happens. **0---0---0---0---0---0---0** I often let it go.

17. When there is a problem with my child…

things build up and I do things I don't mean to do. **0---0---0---0---0---0---0** things don't get out of hand.

18. When my child misbehaves, I spank, slap, grab, or hit my child…

never or rarely. **0---0---0---0---0---0---0** most of the time.

19. When my child doesn't do what I ask…

I often let it go or end up doing it myself. **0---0---0---0---0---0---0** I take some other action.

20. When I give a fair threat or warning…

I often don't carry it out. **0---0---0---0---0---0---0** I always do what I said.

21. If saying "No" doesn't work…

I take some other kind of action. **0---0---0---0---0---0---0** I offer my child something nice so he/she will behave.

22. When my child misbehaves…

I handle it without getting upset **0---0---0---0---0---0---0** I get so frustrated or angry that my child can see I'm upset.

23. When my child misbehaves…

I make my child tell me why he/she did it. **0---0---0---0---0---0---0** I say "No" or take some other action.

24. If my child misbehaves and then acts sorry…

I handle the problem like I usually would. **0---0---0---0---0---0---0** I let it go that time.

25. When my child misbehaves…

I rarely use bad language or curse. **0---0---0---0---0---0---0** I almost always use bad language.

26. When I say my child can't do something…

I let my child do it anyway. **0---0---0---0---0---0---0** I stick to what I said.

27. When I have to handle a problem…

I tell my child I'm sorry about it. **0---0---0---0---0---0---0** I don't say I'm sorry.

28. When my child does something I don't like, I insult my child, say mean things, or call my child names…

never or rarely. **0---0---0---0---0---0---0** most of the time.

29. If my child talks back or complains when I handle a problem…

I ignore the complaining and stick to what I said. **0---0---0---0---0---0---0** I give my child a talk about not complaining.

30. If my child gets upset when I say "No"…

I back down and give in to my child. **0---0---0---0---0---0---0** I stick to what I said.

Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of the child's behaviour over the last six months or this school year.

Child's Name ..... Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children (treats, toys, pencils etc.)	☐	☐	☐
Often has temper tantrums or hot tempers	☐	☐	☐
Rather solitary, tends to play alone	☐	☐	☐
Generally obedient, usually does what adults request	☐	☐	☐
Many worries, often seems worried	☐	☐	☐
Helpful if someone is hurt, upset or feeling ill	☐	☐	☐
Constantly fidgeting or squirming	☐	☐	☐
Has at least one good friend	☐	☐	☐
Often fights with other children or bullies them	☐	☐	☐
Often unhappy, down-hearted or tearful	☐	☐	☐
Generally liked by other children	☐	☐	☐
Easily distracted, concentration wanders	☐	☐	☐
Nervous or clingy in new situations, easily loses confidence	☐	☐	☐
Kind to younger children	☐	☐	☐
Often lies or cheats	☐	☐	☐
Picked on or bullied by other children	☐	☐	☐
Often volunteers to help others (parents, teachers, other children)	☐	☐	☐
Thinks things out before acting	☐	☐	☐
Steals from home, school or elsewhere	☐	☐	☐
Gets on better with adults than with other children	☐	☐	☐
Many fears, easily scared	☐	☐	☐
Sees tasks through to the end, good attention span	☐	☐	☐

Date ..... Signature .....

TOPSE

The following section is about emotion and affection.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- I am able to show affection towards my child. ☐
- I can recognise when my child is happy or sad. ☐
- I am confident my child can come to me if they're unhappy. ☐
- When my child is sad I understand why. ☐
- I have a good relationship with my child. ☐
- I find it hard to cuddle my child. ☐

The following section is about play and enjoyment.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- I am able to have fun with my child. ☐
- I am able to enjoy each stage of my child's development. ☐
- I am able to have nice days with my child. ☐
- I can plan activities that my child will enjoy. ☐
- Playing with my child comes easily to me. ☐
- I am able to help my child reach their full potential. ☐

The following section is about empathy and understanding.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- I am able to explain things patiently to my child. ☐
- I can get my child to listen to me. ☐
- I am able to comfort my child. ☐
- I am able to listen to my child. ☐
- I am able to put myself in my child's shoes. ☐
- I understand my child's needs. ☐

The following section is about control.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- As a parent I feel I am in control. ☐
- My child will respond to the boundaries I put in place. ☐
- I can get my child to behave well without a battle. ☐
- I can remain calm when facing difficulties. ☐
- I can't stop my child behaving badly. ☐
- I am able to stay calm when my child is behaving badly. ☐

The following section is about discipline and setting boundaries.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- Setting limits and boundaries is easy to me. ☐
- I am able to stick to the rules I set for my child. ☐
- I am able to reason with my child. ☐
- I can find ways to avoid conflict. ☐
- I am consistent in the way I use discipline. ☐
- I am able to discipline my child without feeling guilty. ☐

The following section is about pressures.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- It is difficult to cope with other people's expectations of me as a parent. ☐
- I am not able to assert myself when other people tell me what to do with my child. ☐
- Listening to other people's advice makes it hard for me to decide what to do. ☐
- I can say 'no' to other people if I don't agree with them. ☐
- I can ignore pressure from other people to do things their way. ☐
- I do not feel a need to compare myself to other parents. ☐

The following section is about self-acceptance.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- I know I am a good enough parent. ☐
- I manage the pressures of parenting as well as other parents do. ☐
- I am not doing that well as a parent. ☐
- As a parent I can take most things in my stride. ☐
- I can be strong for my child. ☐
- My child feels safe around me. ☐

The following section is about learning and knowledge.

Using the scale below, please enter in the boxes how much you agree with each statement.

The scale ranges from 0 (completely disagree) to 10 (completely agree).

You may use any number between 0 and 10. Please answer all statements.

0 1 2 3 4 5 6 7 8 9 10

Completely disagree Moderately agree Completely agree

- I am able to recognise developmental changes in my child. ☐
- I can share ideas with other parents. ☐
- I am able to learn and use new ways of dealing with my child. ☐
- I am able to make the changes needed to improve my child's behaviour. ☐
- I can overcome most problems with a bit of advice. ☐
- Knowing that other people have similar difficulties with their children makes it easier for me. ☐

ADULT WELLBEING SCALE

Read each item in turn and CIRCLE the response which shows best how you are feeling or have been feeling in the last few days. Please complete all of the questionnaire.

1. I feel cheerful
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

2. I can sit down and relax quite easily
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

3. My appetite is
Very poor *Fairly poor* *Quite good* *Very good*

4. I lose my temper and shout and snap at others
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

5. I can laugh and feel amused
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

6. I feel I might lose control and hit or hurt someone
Sometimes *Occasionally* *Rarely Never*

7. I have an uncomfortable feeling like butterflies in the stomach
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

8. The thought of hurting myself occurs to me
Sometimes *Not very often* *Hardly ever* *Not at all*

9. I'm awake before I need to get up
For 2 hours *For about 1 hour or more* *For less than 1 hour* *Not at all. I sleep until it is time to get up*

10. I feel tense or 'wound up'
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

11. I feel like harming myself
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

12. I've kept up my old interests
Yes, most of them *Yes, some of them* *No, not many of them* *No, none of them*

13. I am patient with other people
All the time *Most of the time* *Some of the time* *Hardly ever*

14. I get scared or panicky for no very good reason
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

15. I get angry with myself or call myself names
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

16. People upset me so that I feel like slamming doors or banging about
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

17. I can go out on my own without feeling anxious
Yes, definitely *Yes, sometimes* *No, not much* *No, not at all*

18. Lately I have been getting annoyed with myself
Very much so *Rather a lot* *Not much* *Not at all*

Appendix G

PERSONAL DETAILS

Title of project: EXPLORING THE EFFECTIVENESS OF DIFFERENT PARENT SUPPORT MODELS
Name of researcher: Clare Edens, MSc

Name of Participant _____

Address _____

_____

Telephone Contact Number _____

Email : _____

Do you have FaceTime? _____

If Yes, would you prefer video or audio calls? _____

NB: This form will be stored with your consent form separately from your questionnaire data to ensure confidentiality.

Appendix H

Evaluation Form for Coaching Group at Time 2

Please circle your chosen answer:-

1. Has the intervention helped you to achieve your parenting goals?
   Yes No Same

2. Has the intervention improved your relationship with your child?
   Yes No Same

3. Have there been any improvements with your child's behaviour?
   Yes No Same

4. Do you feel you have better systems in place to help you with your parenting?
   Yes No Same

5. Does your home environment feel more relaxed as a result of these routines?
   Yes No Same

6. Is there anything you would change or improve about the intervention?
   Comments …….
   ……

   ……

   ……..

7. Are there any comments that you would like to share about the facilitators/coach?

   ……..
   ……

   ……

   ……..

Thank you for taking the time to fill out this evaluation.

Appendix I

Evaluation Form for Coaching Group at Time 3

Follow up Questionnaire

Q1 Participant Name

_____

Q2 Please rate how helpful you found the coaching on a scale of 0 - 10 where 0 = not at all helpful and 10 = extremely helpful.
helpfulness : _____

Q3 Have you continued to use the skills you gained through coaching?

- ○ Yes
- ○ No

Q4 Please explain how you have used these skills.

_____

Q5 What were the most important qualities of the coaching intervention for you?

_____

Q6 Do you need more support with your parenting?

- ○ Yes
- ○ No

Q7 Please rate your relationship with your child on a scale of 0 - 10 where 0 is not very good at all and 10 is excellent.
relationship : _____

Q8 Please score how confident you are in your parenting skills on a scale of 0 - 10 where 0 = not at all confident and 10 = extremely confident.
confidence : _____

Q9 Is there anything you would change or improve about the coaching?

_____

Q10 Are there any other comments you would like to share about the coach?

_____

Q11 Would you recommend the intervention to other parents?

- ○ Yes
- ○ No

Appendix J

Non-intervention Group Parenting Course Data

Non-intervention group parenting course questions.

The non-intervention group had an additional set of questions which asked whether they had attended a parenting course previously.

Table J.1

Non-intervention group parenting course data (n=83)

	Yes (%)	No (%)
Attended a parenting course	15 (18%)	68 (82%)
Incredible Years	0	15
Time Out for Parents	0	15
Positive Parenting	1 (7%)	14 (93%)
Triple P	1 (7%)	14 (93%)
Strengthening Families	0	15 (100%)
Solihull Approach	1 (7%)	14 (93%)
Other (various)	8 (53%)	7 (47%)

If they had attended a parenting course in the past, and the name of the course was not on the questionnaire, the participants were invited to note the name of the course (Table J.2) and to state the best thing and the worst thing about the course they had attended (Table J.3).

Table J.2

Attendance at a Past Parenting Course: Non-intervention Group (n=15)

Name of Course	Number of Participants
Triple P	1
Solihull Approach	1
Positive Parenting	1
Family Links	4
NCT antenatal	1
Parenting Together	1
Montessori seminars	1
Local parenting course	1
Autism help	1
NCT postnatal	1
Separated parenting	1
Sarah Ockwell-Smith	1

Table J.3

Comments about the attended course: Non-intervention Group (n=10)

Best thing about the course	Worst thing about the course
Meeting and talking to other parents (5 participants)	Guilt
None	Waste of time
Constant reminders about the need to be the adult and the need for reciprocity with your child	Feeling I'd failed
Learning new strategies (3 participants)	Being round people I didn't know
Hubby participated and learned gentle techniques	Time Out – I do not agree with this technique
Very helpful and knowledgeable instructor putting things into perspective	Distance to travel
	Other parents often diverting conversation
	I already knew a lot of the content

The non-intervention group were asked whether they would attend a course in the future with a choice of three answers: 'yes'; 'maybe' and 'no'. Nineteen said 'yes' (23%), fifty-six said 'maybe' (68%) and seven said 'no' (9%). One person did not respond to this question. A further set of questions asked what sort of course they would like to attend. There were five choices with each choice having five options ranging from 'really like to', to 'really dislike to' (Table J.4).

Table J.4

Attendance at a Future Course: Non-intervention Group

Type of course	Really like to	Quite like to	No opinion	Not much like to	Really dislike to	Not answered
Video group course	9 (11%)	21 (26%)	18 (22%)	25 (30%)	4 (5%)	5 (6%)
Parenting chat group	10 (12%)	17 (21%)	16 (19%)	22 (27%)	12 (15%)	5 (6%)
Video one-to-one course	8 (10%)	18 (22%)	14 (17%)	24 (29%)	11 (13%)	7 (9%)
One-to-one mentor course	19 (23%)	28 (35%)	18 (22%)	6 (7%)	6 (7%)	5 (6%)
Phone mentor course	8 (10%)	21 (26%)	17 (20%)	21 (26%)	9 (11%)	6 (7%)

Appendix K

Tables of Cut-off Scores in the Measures

Table K.1

Scale	Subscale	Clinical Cut-off	Participants in Coaching Group Above the Clinical Cut-off *n*=23 (%)	Participants in Non-intervention Group Above the Clinical Cut-off *n*=35 (%)	χ^2 (*Sig*)
Parenting Scale	Laxness	3.2	8 (35%)	6 (17%)	8.97 (*p*=1.00)
	Over-reactivity	3.1	13 (57%)	7 (20%)	10.19 (*p*=.878)
	Verbosity	4.1	11 (48%)	10 (29%)	7.03 (*p*=.701)
	Total Scale	3.2	16 (70%)	14 (40%)	19.01 (*p*=.812)

Differences in the Coaching and Non-intervention Participants Above the Parenting Scale (Parenting Behaviour) Cut-off Scores at Time 1

Table K.2

Scale	Subscale	Clinical Cut-off	Participants in Coaching Group Above the Clinical Cut-off *n*=23 (%)	Participants in Non-intervention Group Above the Clinical Cut-off *n*=35 (%)	χ^2 (*Sig*)
Adult Well-Being Scale	Depression	>6	3 (13%)	8 (23%)	2.56 (*p*=.636)
	Anxiety	>8	7 (30%)	5 (14%)	3.96 (*p*=.375)
	Outwardly directed irritability	>7	4 (17%)	1 (3%)	0.31 (*p*=1.00)
	Inwardly directed irritability	>6	0 (0%)	6 (17%)	not calculated

Differences in the Coaching and Non-intervention Participants Above the AWS (Depression, Anxiety, and Irritability) Cut-off Scores at Time 1

The bandings presented for the SDQ scores are ‘normal’, ‘borderline’ and ‘abnormal’. The definitions of these bandings were based on a population-based UK survey and the clinical cut-off points are such that 80% of children scored ‘normal’, 10% ‘borderline’ and

10% ‘abnormal’ (Goodman, 1997). Table K.3 shows the number of participants whose scores were above the clinical cut-off range at Time 1 for both groups. The results showed a larger percentage of parents in the coaching group had scores for their child’s behaviour that were above the clinical cut-off range for hyperactivity, conduct problems and the total scale score than the percentage of parents in the non-intervention group. The results also showed that a greater percentage of the coaching group parents scored their child’s prosocial behaviour lower than the clinical cut-off range when compared with the percentage of parents in the non-intervention group. However, no significant difference was found.

Table K.3

Scale	Subscale	Clinical cut-off	Coaching Group Participants Above the Clinical Cut-off *n*=23 (%)	Non-intervention Group Participants Above the Clinical Cut-off *n*=35 (%)	χ^2 (***Sig***)
SDQ	Prosocial	≤ 4	3 (13%)	2 (6%)	4.01 (*p*=.200)
	Hyperactivity	≥7	9 (39%)	7 (20%)	2.20 (*p*=.638)
	Emotional problems	≥5	5 (22%)	6 (17%)	3.14 (*p*=.610)
	Conduct problems	≥4	14 (61%)	5 (14%)	9.15 (*p*=.016)
	Peer problems	≥4	5 (22%)	6 (17%)	3.01 (*p*=1.00)
	Total SDQ	≥17	9 (39%)	5 (14%)	4.64 (*p*=.600)

Differences in the Coaching and Non-intervention Participants Above the SDQ (Child Behaviour) Cut-off Scores at Time 1
Note: significant results are in bold. ***p*<.008 (Bonferroni adjusted significance value)

Appendix L

Responses from Coaching Group at Time 2

Is there anything you would change or improve about the intervention?

Face-to-face participants

Participant 2:	I have found this very helpful to learn me new ways to deal with my children.
Participant 5:	There should be more sessions – last longer. It has been very supportive and helpful in a lot of ways.
Participant 8:	The approach was very dynamic and always positive which made me value the advice and discussions and enabled me to adapt and use some of the tools realistically in our home and will continue to do so.
Participant 20:	I've felt really comfortable during the whole process and have found it to be of great benefit.
Participant 21:	Nothing. I found it very helpful, and it was lovely to have someone to talk things through with and see how things can be done differently and calmly.
Participant 22:	It would be lovely to access these sessions again in the future at times of stress/trouble, but I feel like I have a tool kit I can use now.

Telephone participants

Participant 16:	I didn't feel judged and I always felt comfortable about being 100% honest even though it was hard for me.
Participant 17:	It was a fabulous experience.
Participant 35:	Roll it out to the everyone in the country!
Participant 46:	It would have been great to be face to face at times but understand that isn't practical.
Participant 52:	Lovely. I felt relaxed, able to be honest and confident that the conversation would be useful.
Participant 117:	No I thought it worked very well.
Participant 118:	Possibly videoing the interactions so you can see what it is like.
Participant 120:	It was a really helpful exercise to undertake.

Are there any comments that you would like to share about the facilitators/coach?

Face to face participants

Participant 21: Fantastic! The coach helped me see things from my daughter's perspective. I found this very helpful and was able to talk things through with my child and resolve matters rather than us both get stressed and situations escalate into us both getting upset. Thank you!

Telephone participants

Participant 17: The coach listened and gave good advice but also helped me to find my own answers.

Participant 18: The coach was very helpful and professional and understanding of my needs.

Participant 19: I felt my coach was a fantastic listener and listened without judging and helped me come up with new ways to look at things. She always seemed interested in what I was saying though I'm sure I rambled on a lot! In the past I have felt that parenting courses just repeated things that I knew I ought to be doing but that were not working for me for some reason. With my coach I could discuss this and change things or just agree that some things don't work for everyone instead of feeling pressured to try it. Brilliant.

Participant 35: The coach was excellent, very good listener, non-judgemental. I felt I could be completely honest with her. She gave me realistic solutions to our issues and made me think about my parenting and my child in different ways that enabled me to implement these solutions successfully.

Participant 46: The coach helped me in a very effective way. After the introduction of a baby my parenting style and eldest daughter's behaviour were needing serious help. My confidence was gone in my ability to parent and I was lost. Without x's help I'm not sure where we would be now. I have the tools to work through issues and feel like I am able to make

	the right decisions for my family in terms of parenting because of the coaching. Thanks so much for everything.
Participant 56:	Very calm, warm and non-judgemental which meant I was able to have personal conversations about my own particular challenges comfortably.
Participant 80:	The coach was lovely and so helpful – just to have someone to bounce issues off with made such a difference.
Participant 117:	The coach was really lovely to talk with and made you feel at ease.
Participant 118:	I am still learning, sometimes I slip back into the 'old' ways and get cross with myself, especially if I am tired. I notice my 'not so good behaviour' now! It is learning to stay firm and calm and not lose the plot. X also does lose the plot still especially when he is tired. He boils up very quickly and it is learning to keep calm and controlled when he does this. He also likes to bait, to get a reaction, but he is also very loving.
Participant 120:	XX was an excellent coach, thank you. Her suggestions have made a significant impact on our family for the better.

Appendix M

Small and Moderate Effect Graphs at Time 2

Parenting Scale (Parenting Behaviours)

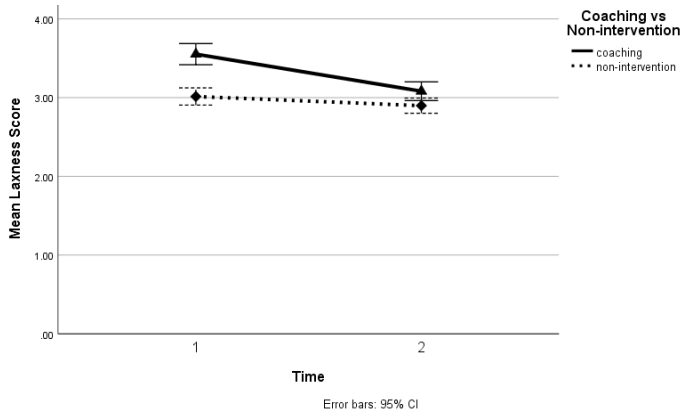


Figure M.1: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on Parenting Scale laxness subscale scores ($F(1,56)=1.11$, $p=.30$, $\eta_p^2=.02$)

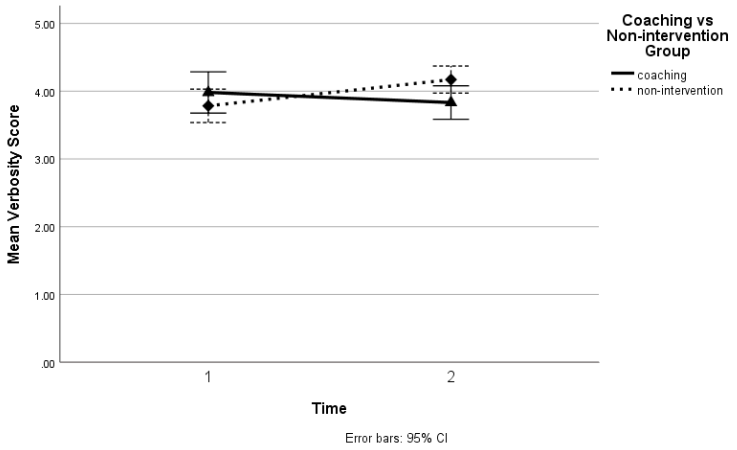


Figure M.2: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on Parenting Scale verbosity subscale scores ($F(1,56) = 7.70$, $p=.008$, $\eta_p^2 = 0.12$)

TOPSE (Parenting Skills, Self-efficacy and Parent-Child Relationship)

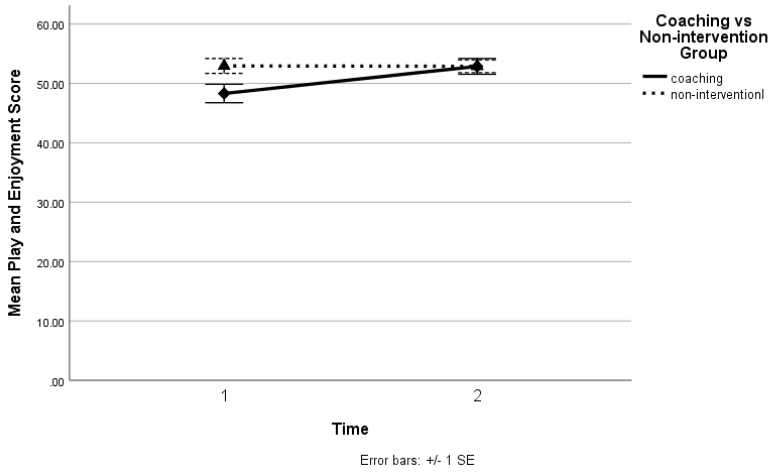


Figure M.3.: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on TOPSE play and enjoyment subscale scores ($F(1,56) = 9.19$, $p<.05$, $\eta_p^2 = .14$)

Adult Well-Being Scale (Parental Well-being)

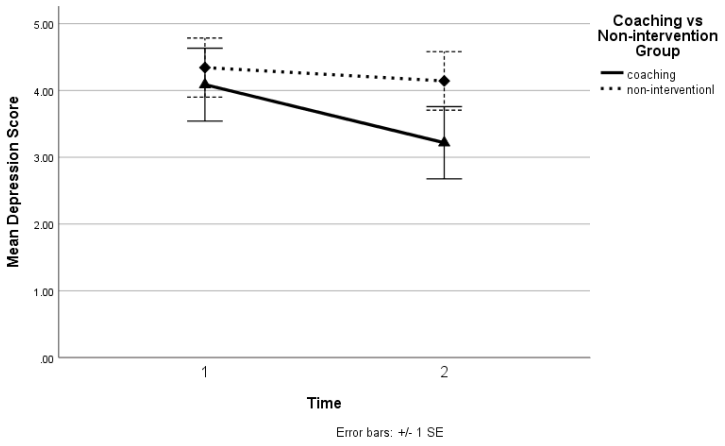


Figure M.4: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on AWS depression subscale scores ($F(1,56)=1.54$, $p=.22$, $\eta_p^2 =.03$)

Strength & Difficulties Questionnaire (Child Behaviour)

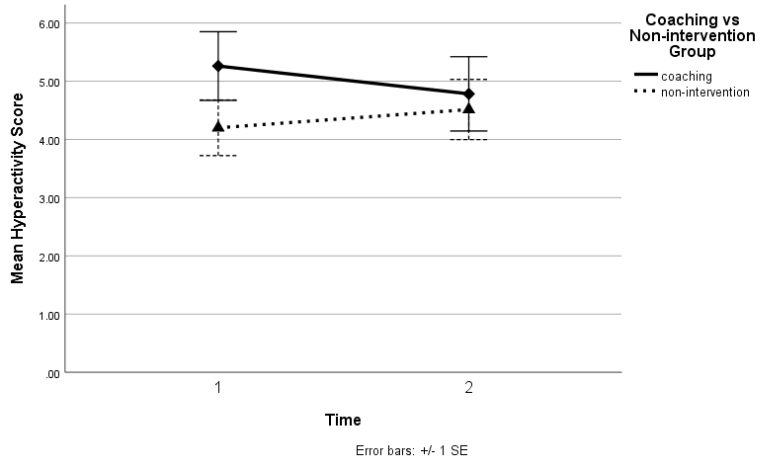


Figure M.5: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on SDQ hyperactivity subscale scores ($F(1,56)=3.51$, $p=.066$, $\eta p^2 = .06$)

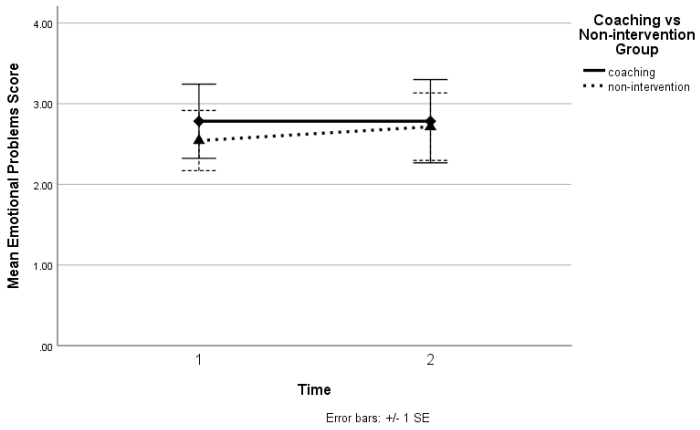


Figure M.6: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on SDQ emotional problems subscale scores ($F(1,56)= .11$, $p=.747$, $\eta p^2 = .002$)

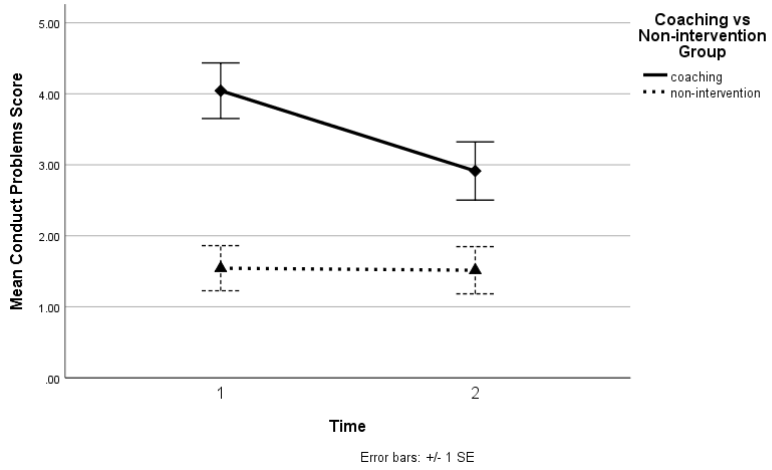


Figure M..7. Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on SDQ conduct problems subscale scores ($F(1,56) = 6.39$, p=0.14, $\eta_p^2 = .10$)

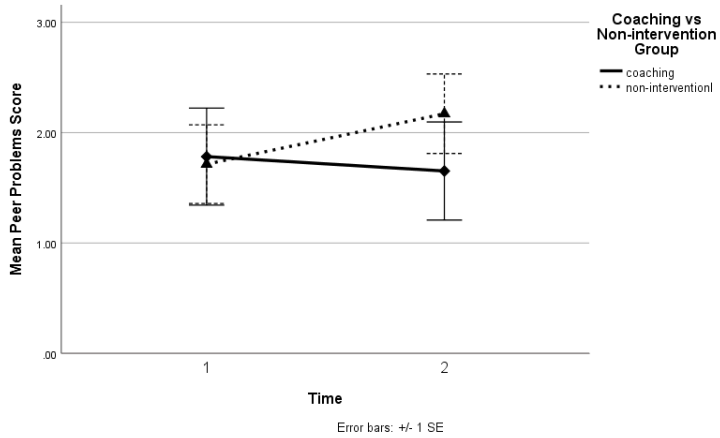


Figure M.8: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on SDQ peer problems subscale scores ($F(1,56)$=2.94, p=.092, ηp^2 =.05)

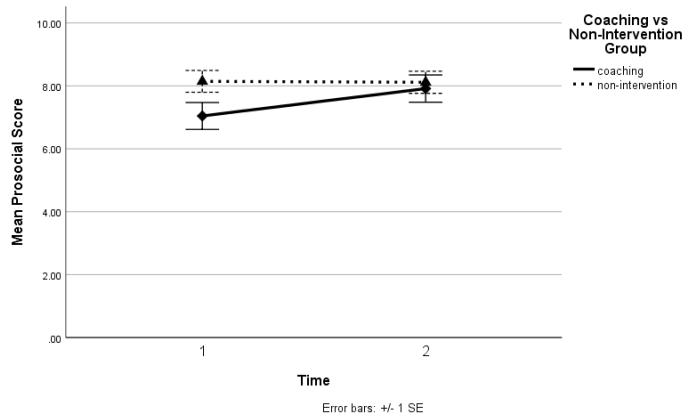


Figure M.9: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1, Time 2 and Time 3) on SDQ prosocial subscale scores ($F(1.56) = 3.79$, p=.057, $\eta_p^2 = .06$)

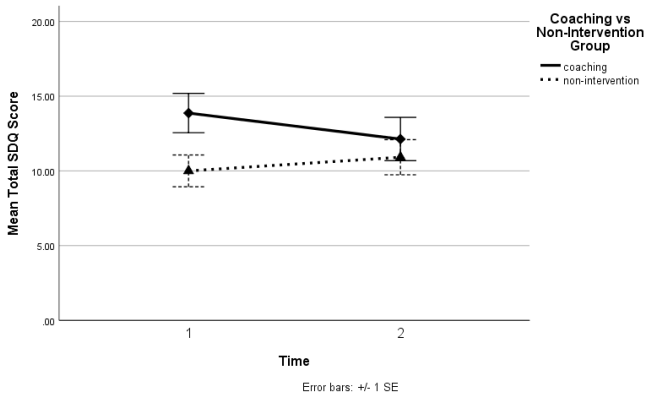


Figure M10: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2) on SDQ total difficulties scores ($F(1,56) = 4.75$, p=.033, $\eta_p^2 = .078$)

Appendix N

Independent-samples *T*-tests for Face-to-face and Telephone Coaching Participants

Table N.1

Differences in Parenting Scale (Parenting Behaviour) Scores Between the Face-to-face Coaching and Telephone Coaching Participants at Time 1 and Time 2

Subscales	Face-to-face Coaching Group Time 1 (*n* = 8) Mean (*SD*)	Telephone Coaching Group Time 1 (*n* = 15) Mean (*SD*)	Mean Diff	*t* value (*sig*)	Face-to-face Coaching Group Time 2 (*n* = 8) Mean (*SD*)	Telephone Coaching Group Time 2 (*n* = 15) Mean (*SD*)	Mean Diff	*t* value (*sig*)
Laxness	3.24 (1.10)	2.70 (.71)	0.54	1.43 (*p*=.169)	2.65 (0.44)	2.35 (.65)	0.30	1.31 (*p*=.204)
Over-reactivity	3.18 (0.48)	3.37 (.98)	-0.19	-0.63 (*p*=.536)	2.38 (0.40)	2.43 (.81)	-0.06	-0.23 (*p*=.851)
Verbosity	4.02 (0.62)	3.96 (.81)	0.06	0.19 (*p*=.867)	3.91 (0.37)	3.79 (.57)	0.12	0.54 (*p*=.599)
Total Parenting Scale	3.64 (0.64)	3.50 (.71)	0.14	0.45 (*p*=.654)	3.10 (0.32)	3.07 (.64)	0.03	0.12 (*p*=.906)

Note: significant results are in bold. *$p<.013$ (Bonferroni adjusted significance value)

Table N.2

Differences in TOPSE (Parenting Skills, Self-efficacy Empathy, the Parent-child Relationship and Overall Intervention Effectiveness) Scores Between the Face-to-face Coaching and Telephone Coaching Conditions at Time 1 and Time 2

Subscales	Face-to-face Coaching Group Time 1 (*n* = 8) Mean (*SD*)	Telephone Coaching Group Time 1 (*n* = 15) Mean (*SD*)	Mean Diff	*t* value (*sig*)	Face-to-face Coaching Group Time 2 (*n* = 8) Mean (*SD*)	Telephone Coaching Group Time 2 (*n* = 15) Mean (*SD*)	Mean Diff	*t* value (*sig*)
Emotion & affection	53.50 (4.47)	54.40 (5.18)	0.90	-0.42 (*p*=.682)	55.88 (3.98)	56.93 (3.06)	-1.06	-0.71 (*p*= .484)

Empathy & understanding	47.75 (5.06)	45.13 (9.54)	2.62	0.86 (*p*=.400)	49.62 (7.09)	51.80 (5.12)	-2.18	-0.85 (*p*=.405)
Play & enjoyment	51.25 (6.16)	46.73 (7.82)	4.52	1.41 (*p*=.173)	52.50 (8.03)	53.07 (5.32)	-0.57	-0.20 (*p*=.841)
Control	34.25 (12.10)	32.93 (13.14)	1.32	0.24 (*p*=.817)	44.63 (5.97)	44.93 (7.85)	-0.31	-0.10 (*p*=.924)
Discipline & boundary setting	40.13 (12.03)	39.53 (10.59)	0.59	0.12 (*p*-.904)	48.88 (6.06)	49.13 (6.74)	-0.26	-0.10 (*p*=.929)
Pressures	33.50 (14.71)	37.60 (7.67)	-4.10	-0.74 (*p*=.430)	43.13 (10.43)	41.67 (9.08)	1.46	0.33 (*p*=.731)
Self-acceptance	42.50 (10.36)	38.73 (8.11)	3.77	0.96 (*p*=.346)	50.25 (7.34)	47.73 (6.96)	0.52	0.17 (*p*=.869)
Learning & knowledge	49.13 (4.22)	50.00 (4.85)	-0.88	-0.33 (*p*=.749)	51.88 (4.85)	55.00 (5.89)	-3.13	0.40 (*p*=.214)
Total TOPSE	352.00 (56.08)	345.07 (49.99)	6.93	0.30 (*p*=.764)	396.75 (44.59)	402.27 (35.38)	-5.52	-0.33 (*p*=.748)

Note: significant results are in bold. **p*<.006 (Bonferroni adjusted significance value)

Table N.3

Differences in SDQ (Child Behaviour) Scores Between the Face-to-face Coaching and Telephone Coaching Participants at Time 1 and Time 2

Subscales	**Face-to-face Coaching Group Time 1 (*n* = 8) Mean (*SD*)**	**Telephone Coaching Group Time 1 (*n* = 15) Mean (*SD*)**	**Mean Diff**	***t* value (*sig*)**	**Face-to-face Coaching Group Time 2 (*n* = 8) Mean (*SD*)**	**Telephone Coaching Group Time 2 (*n* = 15) Mean (*SD*)**	**Mean Diff**	***t* value (*sig*)**
ProSocial	6.63 (2.50)	7.27 (2.43)	-.642	-0.60 (*p*=.557)	7.13 (2.10)	8.33 (1.63)	-1.21	-1.53 (*p*=.141)
Hyperactivity	5.13 (2.42)	5.33 (3.37)	-.208	-0.15 (*p*=.879)	4.75 (3.37)	4.80 (3.45)	-.050	-0.03 (*p*=.974)
Emotional problems	2.38 (1.92)	3.00 (2.48)	-,625	-0.62 (*p*=.543)	3.25 (3.24)	2.53 (1.85)	.717	0.58 (*p*=.577)
Conduct problems	4.00 (2.62)	4.07 (2.46)	-.067	-0.06 (*p*=.952)	2.75 (2.55)	3.00 (2.04)	-.25	-0.26 (*p*=.800)
Peer problems	1.88 (2.10)	1.73 (1.91)	.142	0.16 (*p*=.871)	2.38 (2.39)	1.27 (2.09)	1.11	1.16 (*p*=.261)
Total Difficulties	13.38 (6.91)	14.13 (6.38)	-.76	-0.26 (*p*=.794)	13.13 (10.03)	11.60 (5.67)	1.53	0.40 (*p*=.700)

Note: significant results are in bold. **p*<.008 (Bonferroni adjusted significance value)

Appendix O

Demographic Characteristics of the Participants

Table O.1

Time 3 Demographic Characteristics of the Coaching and Non-intervention Groups

		Coaching *n*=17 (*SD*)	**Non-intervention *n*=18 (*SD*)**	**Diff. (*Sig)***
Sex	Child	7 male (41.2%) 10 female (58.8%)	12 male (66.7%) 6 female (33.3%)	2.29[a] (*p*=.181)
Marital Status	Single	1 (6%)	4 (23%)	1.91[a] (*p*=.338)
	With partner	16 (94%)	14 (77%)	
Mean Age	Parent (Mother)	38.41 (5.11)	35.94 (4.99)	18.32[b] (*p*=.158)
	Child	5.47 (2.07)	5.89 (1.57)	2.29[b] (*p*=.181)
	Partner	41.31 (1.76)	37.64 (1.34)	11.79[b] (*p*=.116)
Education	Until 16 yrs	1 (6%)	1 (6%)	.002[a] (*p*=1.00)
	Until 18 yrs	16 (94%)	17 (94%)	
Housing	Owner	16 (94%)	14 (77%)	1.91[a] (*p*=.338)
	Private Rented	1 (6%)	4 (23%)	
	Housing Association /Local Authority	0 (0%)	0 (0%)	
Working	Full time	4 (23%)	3 (17%)	1.51[a] (p=.681)
	Part time	10 (59%)	13 (71%)	
	Not working	2 (12%)	2 (12%)	
	Training	1 (6%)	0 (0%)	
	Voluntary work	0 (0%)	0 (0%)	
Partner Working	Not applicable	1 (6%)	4 (23%)	1.21[a] (*p*=.375)
	Full time	15 (88%)	12 (65%)	
	Part time	0 (0%)	1 (6%)	
	Not working	1 (6%)	1 (6%)	

Note: significant results are in bold. *$p<.05$ **$p<.01$ ***$p<.001$

[a]Chi square analyses [b]Independent *t*-tests

Table O.2

Descriptive Statistics of Coaching Participants Who Completed Time 3 Questionnaires vs Coaching Participants Who Did Not

		Completed T3 Questionnaires *n*=17 (SD)	**Did not Complete T3 Questionnaires *n*=6 (SD)**	**χ^2 (*Sig)***
Sex	Child	7 male (41%) 10 female (59%)	3 male (50%) 3 female (50%)	.140(*p*=.708)
Marital Status	Single With partner	1 (6%) 16 (94%)	3 (50%) 3 (50%)	6.01 ***(*p*=.014)**
Mean Age	Parent (Mother) Child Partner	38.41 (5.11) 5.47 (2.07) 38.88 (12.12)	35.17 (6.24) 6.00 (0.63) 18.33 (20.66)	11.76 *(*p*=0.220) 2.29 (*p*=358) 19.11 (*p*=.059)
Education	Until 16 yrs Until 18 yrs	1 (6%) 16 (94%)	3 (50%) 3 (50%)	6,01 ***(*p*=.014)**
Housing	Owner Private Rented Housing Association /Local Authority	16 (94%) 1 (6%) 0 (0%)	3 (50%) 1 (17%) 2 (33%)	7.31 ***(*p*=.026)**
Working	Full time Part time Not working Training Voluntary work	4 (23%) 10 (59%) 2 (12%) 1 (6%) 0 (0%)	0 (0%) 1 (17%) 2 (33%) 1 (17%) 2 (33%)	9.64 ***(p=.047)**
Partner Working	Not applicable Full time Part time Not working	1 (6%) 15 (88%) 0 (0%) 1 (6%)	3 (50%) 2 (33%) 1 (17%) 0 (0%)	9.96 ***(*p*=.019)**

Note: significant results are in bold. *p<.05 **p<.01 ***p<.001

Appendix P

Small and Moderate Effect Graphs at Time 3

Parenting Scale (Parenting Behaviours)

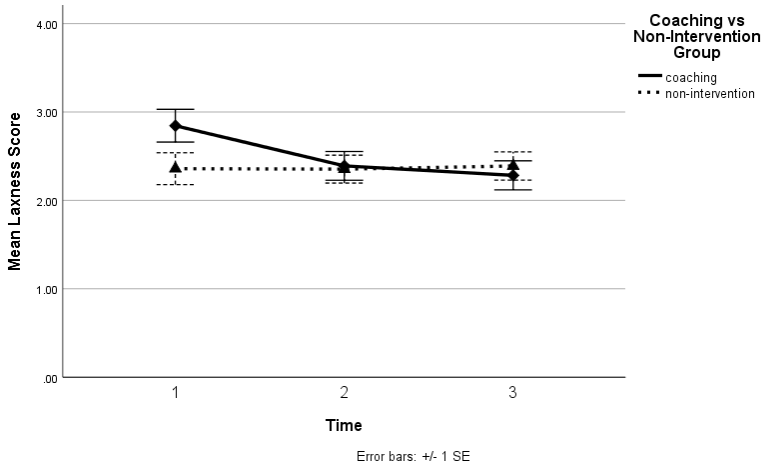


Figure P.1: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on Parenting Scale laxness subscale scores ($F(2,32) = 4.49$ p=.015, η_p^2 = 0.12)

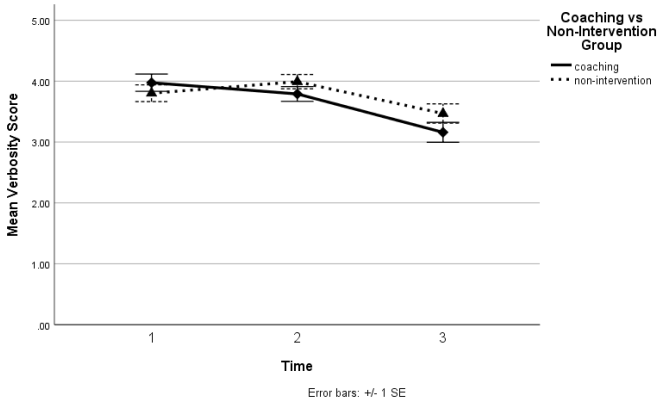


Figure P.2: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on Parenting Scale verbosity subscale scores ($F(2,32) = 2.15$, p=.125, η_p^2 = 0.61)

TOPSE (Parenting Skills, Self-Efficacy and the Parent-child Relationship)

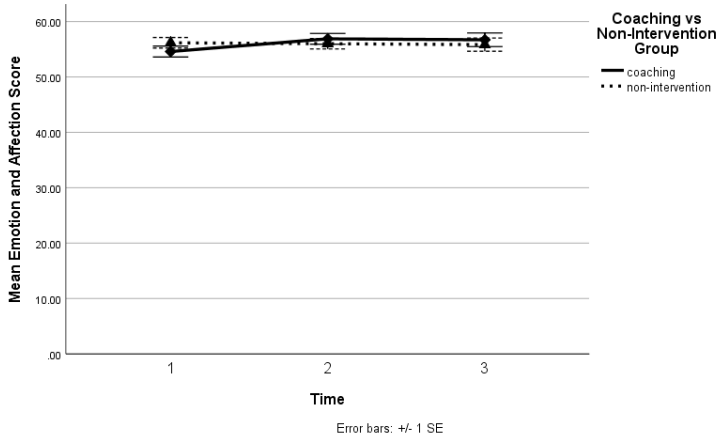


Figure P.3: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on TOPSE emotion and affection subscale scores ($F(2,32) = 2.06$, p=.138, η_p^2 =.06)

AWS (Parental Well-being)

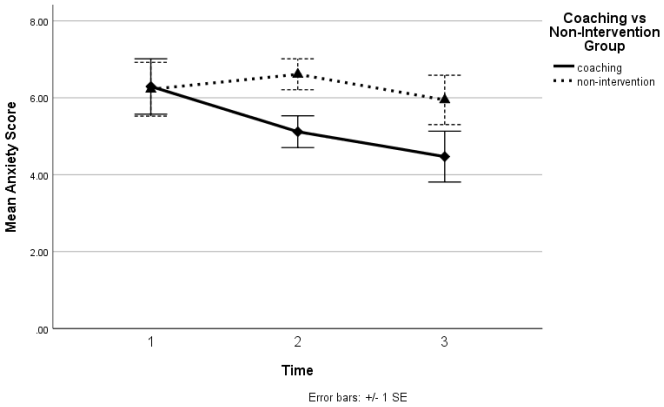
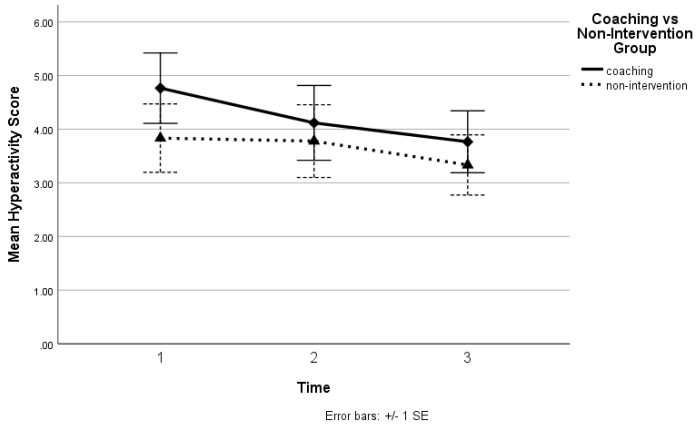


Figure P.4: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on AWS anxiety subscalescores ($F(2,32) = 3.17$, p=.049, η_p^2 =.09)



FigureP.5 Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on SDQ hyperactivity subscale scores ($F(2,32) = .62$, p=.542, η_p^2=0.02)

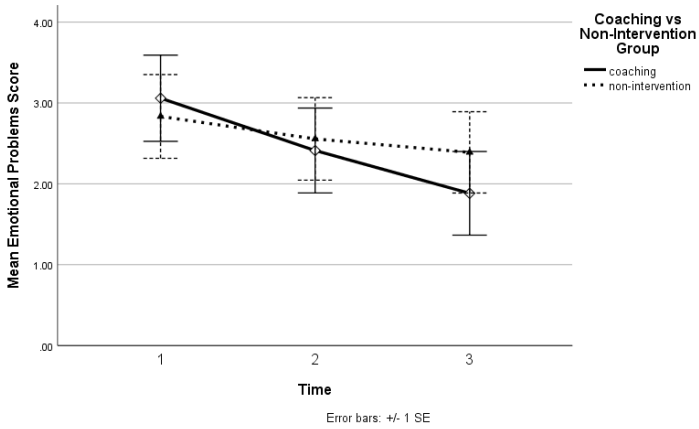


Figure P.6: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on SDQ emotional problems subscale scores ($F(2.32) = .770$, p=.110, η_p^2 =.02)

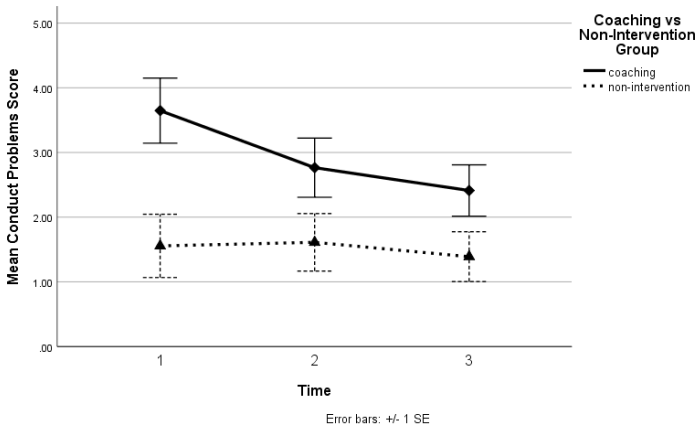


Figure P.7: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on mean SDQ conduct problems subscale scores ($F(2,32)=2.29$, p=.110, η_p^2 =.07)

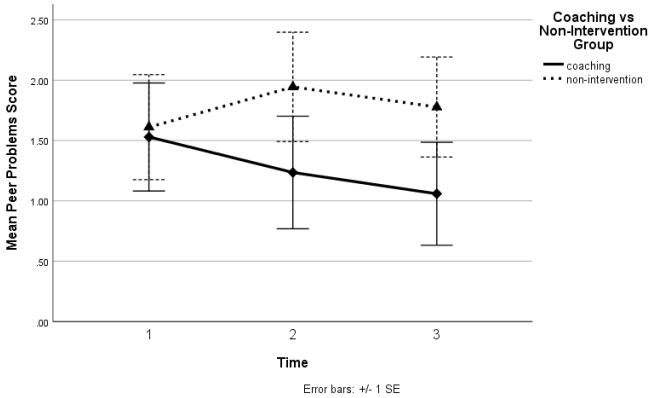


Figure P.8: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on SDQ peer problems subscale scores ($F(2.32) = 1.59$, p=.212 η_p^2 =.05)

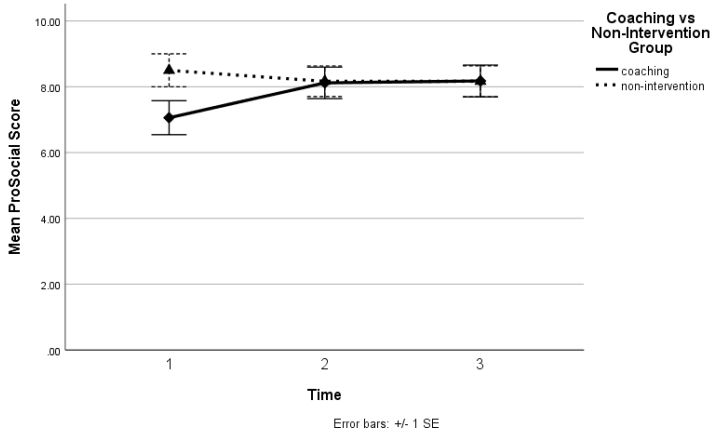


Figure P.9 Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on SDQ prosocial subscale scores ($F(2,32) = 4.21$, p=.019, $\eta_p^2 = 0.11$)

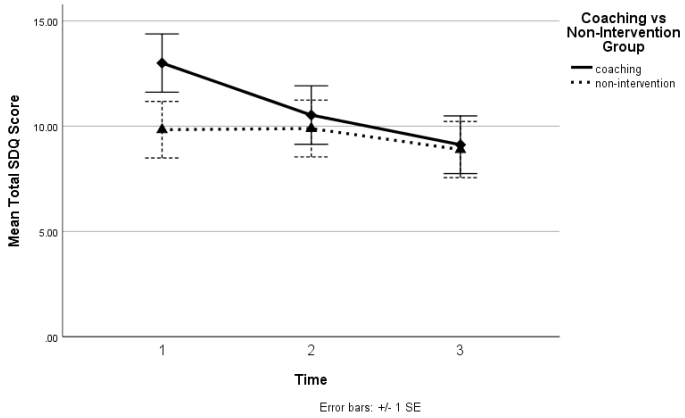


Figure P.10: Line graph to show a significant interaction between the group (coaching vs non-intervention) and time (Time 1 vs Time 2 vs Time 3) on SDQ total difficulties scores ($F(2,32) = 2.56$, p=.085, η_p^2 =.07)

Appendix Q

Responses from the Coaching Group Participants at Time 3

Please explain how you have used these skills.

Face-to-face participants

Participant 8: By making sure I take time out of whatever I have on my list of things to do to give full, quality attention and not to just carry on with what I'm doing and chatting. Outbursts are moderated now to how they were which is a great improvement, but rather than trying to reason with her during the period of frustration she feels, to avoid conflict, wait till it passes and reflect on her choices and help her make decisions on what she could have done differently. Her brother finds this hard as he sees it that she never gets told off but different people have different qualities. I still do the over praise for good behaviour and find that focusing on the positive draws more positive out (even if there are gaps in frequency of positivity) this approach has recalibrated my approach to life generally and we all like that. Smiley days rock.

Participant 20: Used better communication to clarify behaviour and I have better expectations

Participant 22: Tried to remain consistent. Following through. Bit I remember most is the spending time individually and morning boxes.

Participant 24: The bedtime routine is slightly easier. I've been telling X how long she has until bedtime in terms of how many of something that she is doing she is able to do before it's time to stop and go upstairs. Getting up on a school morning is so much easier – I'm showing X empathy about the situation and it really is working.

Telephone participants

Participant 15: I have made sure I have time with X individually and made a special bedtime routine where we get quality time together each night.

Participant 16: To change the way I think about my child's behaviour

Participant 17: Stepping back and reflecting before making decisions.

Participant 19: Trying to do things with them separately and positive rewards.

Participant 23: Thinking carefully about what language I use with my children.

Participant 80: The main change has been allowing X time alone when she's upset or angry.

Participant 117: To deal with my daughter's tantrums.

Participant 118: I'm using clear choices for my son so he knows his boundaries, and using "what" when I need him to understand his behaviour or to help make decisions.

What were the most important qualities of the coaching intervention for you?

Face-to-face participants

Participant 8: A listening ear – discussions enable you to process situations without the blur of emotions that sometimes cloud your perception. X has shared some wonderful yet really simple techniques which whilst in the middle of the emotion of a situation is sometimes difficult to see. Support – the support through coaching for me as a single parent makes such a difference. Where a two parent family can discuss and rationalise and find solutions, on your own that can be challenging (3 children in and almost 23 years of doing it alone – it's funny I still found that I needed extra help and support – but at the end of the day we're human and coaching has really helped keep the light on when times were particularly challenging.

Participant 20: Listening to personal problems

Participant 22: Being heard/listened to. Very personal advice and guidance tailored to my individual needs.

Participant 24: Using empathy has been one of the biggest tools. Also to use the word 'when' rather than 'if'. Help with resolving tantrums – keeping conversations brief but explaining behaviour and feelings from both sides.

Telephone participants

Participant 15: Small changes make all the difference.

Participant 16: How personal it was to my circumstances. The coach really went into specifics of different ways I could have dealt with situations, which I found so helpful.

Participant 17: The chance to reflect.

Participant 19: To reassure me that there were things I could try rather than just keep repeating the stuff that didn't work because it should work.

Participant 23: Practical tips I could use to make immediate changes.

Participant 80: The coach was amazing and really gave me the space to almost work out the solution. I use the same techniques with my husband!

Participant 117: How I felt better when I had success.

Participant 118: Having the one to one time to focus with the coach to think about how best to approach challenges.

Is there anything you would change or improve about the coaching?

Participant 20: Maybe instead of a straight finish of coaching would be to have a 3-4 month follow up.

Participant 22: No. Just would like a maintenance top-up once a month ….

Are there any other comments you would like to share about the coach?

Participant 22: Caring, warm, friendly. Put me at ease.

Participant 24: She has been very friendly, easy to discuss problems with and find solutions.